

TOWN OF TISBURY WASTEWATER SERVICE PERMIT APPLICATION

PERMIT NO:	
MAP/PARCEL NO:	

Sanitary Sever Connection (New) Sanitary Sever Connection (Stisting) Sanitary Sever Connec	APPLICATION DATE:	PERMIT TYPE: (Check One)	
COMMEN, APPLICANT NAME) 	☐ Sanitary Sewer Connection (New)	
OWNER/APPLICANT MAINE BUSINESS NAME PHONE OPHONE OWNER/APPLICANT MAINE ENGINEER PHONE OWNER/APPLICANT MAINE ENGINEER PHONE OWNER/APPLICANT MAINE ENGINEER PHONE OWNER/APPLICANT OWNER/APPLICANT PHONE OWNER/APPLICANT OWN		☐ Sanitary Sewer Connection (Existing)	
OWNER/APPLICANT NAME OWNER/APPLICANT MALING ADDRESS CITY SYATE 2 PCODE () - Gravity Gravity Low Pressure System Bull.DING TYPE: Residential	LOCATION/PROPERTY ADDRESS	☐ Sanitary Sewer Disconnect	
OWNER/APPLICANT MALENG ADDRESS CITY STATE ZIP CODE () - CROWNER BUSINESS NAME PRIONE CREATER STATE CODE () - Residential () - Commercial () - Industrial RESTALLER PRIONE Commercial () - Single Family Redorm Count: ELECTRICIAN PRIONE Commercial () - Single Family No of Units: ELECTRICIAN PRIONE Commercial () - Condominium PLUMBER PRIONE COMMERCIAL: The Undersigned agrees to the following terms of this permit 1. Provide the following Items with the application: 2. Accepted a price of the pr		Change of Use	
SIANE Commercial Commerci	OWNER/APPLICANT NAME	COLLECTION SYSTEM TYPE:	
BUSINESS NAME PHONE () - Commercial Comm		☐ Gravity	
BUSINESS NAME PRIONE	OWNER/APPLICANT MAILING ADDRESS CITY		
Commercial Com	DUCINIFIC MANAF	RILLI DING TYPE:	
PHONE	BUSINESS NAME		
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RESCITRICIAN PHONE Single Family Bedroom Count:			
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PHONE The Undersigned agrees to the following terms of this permit 1. Provide the following items with the application: a. Application Fee b. Preliminary engineering plans c. Connection Fee for new connections d. A copy of all documents related to pre-treatment units 2. All work performed under this permit is to be done in accordance with the latest version of the Town of Tisbury Wastewater Department Rules and Regulations. 3. Prior to excavation the installer must call DIG Safe for other utility mark outs. 4. The installer must at the time of final inspection, provide a complete set of AS-BUILT plans to the Tisbury Wastewater Department. Special Conditions: 1. 2. 3. 4. OFFICE USE ONLY OFFICE USE ONLY Yes N/A Date Application Fee: \$ Rough Inspection Completed Passed			
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AS-BUILT Submitted	Rough Inspection Completed	New Connection Fee: \$	
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