



**TOWN OF TISBURY
WASTEWATER SERVICE PERMIT
APPLICATION**

PERMIT NO: _____
MAP/PARCEL NO: _____

APPLICATION DATE: _____

LOCATION/PROPERTY ADDRESS

OWNER/APPLICANT NAME

OWNER/APPLICANT MAILING ADDRESS

CITY

STATE

ZIP CODE

BUSINESS NAME

ENGINEER

INSTALLER

ELECTRICIAN

PLUMBER

() -

PHONE

() -

PHONE

() -

PHONE

() -

PHONE

() -

PHONE

() -

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.
5. This permit is valid for (1) one year from the date of approval.

Special Conditions:

1. _____
2. _____
3. _____

PERMIT TYPE: (Check One)

- ☐ Sanitary Sewer Connection (New)
☐ Sanitary Sewer Connection (Existing)
☐ Sanitary Sewer Disconnect
☐ Change of Use

COLLECTION SYSTEM TYPE:

- ☐ Gravity
☐ Low Pressure System

BUILDING TYPE:

- ☐ Residential
☐ Commercial
☐ Industrial

RESIDENTIAL:

- ☐ Single Family
☐ Multi Family
☐ Condominium
☐ Apartment

Bedroom Count: _____

No of Units: _____

COMMERCIAL:

- ☐ Retail
☐ Food Service
☐ Takeout Food
☐ Other:

No of Seats: _____

Grease Trap Size: _____

Business sq. ft.: _____

INDUSTRIAL:

- ☐ Pretreatment Unit
☐ Boat Pump out

Est. Daily Flow: _____

List wastes being treated:

1. _____
2. _____
3. _____
4. _____

OFFICE USE ONLY

	Yes	N/A	Date		
Rough Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____	Application Fee:	\$ _____
Final Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____	New Connection Fee:	\$ _____
AS-BUILT Submitted	<input type="checkbox"/>	<input type="checkbox"/>	_____	Inspection Fee:	\$ _____
System Start-up Test Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____	Total:	\$ _____

SELECT BOARD APPROVAL FOR PERMIT:		WASTEWATER SUPERINTENDENT APPROVAL FOR PERMIT:	
Signature: _____	Date: _____	Signature: _____	Date: _____
Signature: _____		SEWER ADVISORY COMMITTEE REVIEW OF PERMIT	
Signature: _____		Signature: _____	Date: _____
Signature: _____		Vote: _____	