

Carrabassett Valley Sanitary District Building Sewer Connection Application

The undersigned being the OWNER , OWNERS AGENT (Circle One) of the property located at _____ does hereby request a permit
(Physical Location by Street Name and Number or Tax Map and Lot Number)
to install and connect a building sewer at said location.

Project Use: Residential _____, Commercial _____, Other _____ (describe)_____

Owner Information:

Owner's Name _____
Address _____
Telephone _____

Contractor Information:

Contractor's Name _____ d.b.a. _____
Address _____
Telephone _____

For Residential Use Only:

Type of construction _____
Number of buildings _____ Number of residences per buildings : _____
Total Number of Bedrooms _____ Total Number of Bathrooms _____

Residential Connection / Permit Fee:

The CVSD requires a three thousand dollar (\$3,000.00) connection fee per residential unit. The fee must be paid prior to the connection of the building drain to the public sewer system.

For Commercial Use Only:

Type of construction _____
Number of Buildings-----
Number of Business units (i.e.: Shops, Restaurants etc.)-----
Number of Condominium Units-----
Number of Guest Rooms-----

Plans and specifications for the proposed building sewer must be included with this application.

**The District will review the information submitted to determine the Commercial Connection / Permit Fee.
The fee must be paid prior to the connection of the building drain to the public sewer system.**

In consideration of the Granting of this permit, the undersigned agrees:

- 1. To accept and abide by the rules and regulations of the Carrabassett Valley Sanitary District and all other pertinent regulations that may be adopted in the future.
- 2. To maintain the building sewer at no expense to the District.
- 3. To notify the Superintendent when the building sewer is ready for inspection and connection to the public sewer system before any portion of the work is covered.

A Permit for Connection will be granted upon the receipt of the required connection fee. If the applicant chooses to withhold the connection fee until the connection is made, the District will not be held responsible for any situations which may arise that hinder the applicants ability to receive the required permit.

Date : _____ **Applicant Signature** _____

Application and subsequent Connection Fees can be mailed to:

**Carrabassett Valley Sanitary District
Village West #35, Carrabassett Valley, Me 04947**

Application Approval:

Date : _____ Signed _____
(District Superintendent)

Permit Issued:

Date: _____ Signed _____
(District Superintendent)