

TOWN OF CONCORD
86 Franklin Street, PO Box 368
Springville, NY 14141
Phone: (716) 592-4948
Fax: (716) 592-0123

RESIDENTIAL OR COMMERCIAL SEWER TAP APPLICATION

Permit # _____

Applicant: _____

Property Address: _____

Applicant does hereby request a permit to install a sewer service to serve the
_____ at the above location.

All other than one or two family dwellings complete the following:

Number	Fixture	Units	Number	Fixture	Units
_____	Kitchen Sinks	_____	_____	Water Closets	_____
_____	Lavatories	_____	_____	Bath Tubs	_____
_____	Laundry Tubs	_____	_____	Shower Heads	_____
_____	Dishwashers	_____	_____	Other	_____

TOTAL FIXTURE UNITS: _____ SIZE OF SERVICE: _____

PROPOSED CONTRACTOR: _____

Address: _____

The Applicant agrees to accept and abide by all applicable rules and ordinances of the Town of Concord; to install and maintain the service at no cost to the sewer district; and to notify the Code Enforcement Officer when the work is ready for inspection.

Date: _____ Applicant Signature: _____

Address: _____

Phone Number: _____

Permit Fee \$1,000.00

Date Paid: _____

Revised 6/2018