

APPLICATION FOR DRAIN LAYER PERMIT
TOWN OF SOUTH WINDSOR
PUBLIC WORKS DEPARTMENT
TOWN HALL
1540 SULLIVAN AVENUE
SOUTH WINDSOR, CT
FEE \$60.00

Location of proposed work: _____ Lot # _____
Street No. Street Name

Premises owned by: _____

Name of Firm: _____ Phone: _____

Address of Firm: _____

TYPE OF WORK:

Lay House Drain _____; Repair House Drain _____;
Lay Main _____; Lay Lateral for Commercial/Industrial
Building _____ of _____ acres

Connection will be made with _____

Existing Water Supply: Public Water _____ Well _____

Proposed Start Date _____ Estimated time for completion _____

ALL WORK TO BE IN ACCORDANCE WITH TOWN OF SOUTH WINDSOR STANDARDS,
ALL OSHA REQUIREMENTS AND CONDITIONS ATTACHED TO THE PERMIT

Permit is to be issued to _____ the holder of Drain
Layer's License No. _____. Only holders of P-1, P-7 or W-9 licenses
will be issued a permit. **PERMIT WILL EXPIRE THIRTY (30) DAYS AFTER
DATE OF ISSUANCE.** The undersigned Drain Layer hereby agrees to all the terms
and conditions set forth in the permit and attached thereto. Applicant has received
Town Street Excavation Permit No. _____ and/or ConnDOT Permit No.
_____.

CBYD No. _____.

Signed: _____ Print Name: _____
Licensed Drain Layer

Date: _____