

APPLICATION FOR DRAIN LAYER PERMIT  
TOWN OF SOUTH WINDSOR  
PUBLIC WORKS DEPARTMENT  
TOWN HALL  
1540 SULLIVAN AVENUE  
SOUTH WINDSOR, CT  
FEE \$80.00

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 Lateral for building with connection \_\_\_\_\_; or no connection \_\_\_\_\_;  
Lay Main \_\_\_\_\_;  
Lay Lateral for Commercial/Industrial Building \_\_\_\_\_ number 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. \_\_\_\_\_.

**PLEASE NOTE:  
IF A SANITARY SEWER LATERAL  
IS WITHIN 75 FEET OF A WELL  
IT MUST BE AIR TESTED**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Licensed Drain Layer

Date: \_\_\_\_\_