



**New Shoreham Sewer District Office**

Box 774; Block Island, Rhode Island

E-mail: Sewer@new-shoreham.com

Telephone: (401) 466-3231

Fax: (401) 466 3237

Date: \_\_\_\_\_  
Permit No. \_\_\_\_\_

**APPLICATION to Connect to District's Sewer Lines**

Name of applicant \_\_\_\_\_

Island address \_\_\_\_\_

Off Island address \_\_\_\_\_

Block Island Phone number \_\_\_\_\_

Mainland Phone number \_\_\_\_\_

Location of proposed connection: Plat \_\_\_\_\_ Lot \_\_\_\_\_ Building \_\_\_\_\_

Connection to serve: residential \_\_\_\_\_ commercial \_\_\_\_\_ fire service \_\_\_\_\_

Permit Fee: \$35.00 per connection \_\_\_\_\_ paid Sewer Allocation application \_\_\_\_\_ done

Inspection Fee: \$35.00 per connection \_\_\_\_\_ paid Sewer Allocation \_\_\_\_\_ charge

New Account Fee: \$35.00 \_\_\_\_\_ paid Finance Dept \_\_\_\_\_ paid info.

(E-One systems only) "System Agreement" recording Fee: \$48.00 \_\_\_\_\_ paid

Plan review by Engineer: (Cost based on number of units/properties involved) \_\_\_\_\_

To be billed after review: \_\_\_\_\_ paid

The undersigned agrees to comply with all requirements of the Town's Utility Standards for connecting to the Sewer collection system and represents that the undersigned is authorized to sign this document.

\_\_\_\_\_  
Applicant Signature

Application approved. Chris Blane, Sewer Superintendent

This application must be returned to the Sewer Superintendent  
in order to receive **PERMIT** to connect.

In accordance with Federal Law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA Director; Office of Civil Rights, Room 326-W, Whiten Bldg; 1400 Independence Avenue SW; Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

The New Shoreham Sewer Commission is an equal opportunity provider and employer.

## APPLICANT INFORMATION FOR COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964

The following information is requested by the Federal Government in order to monitor our compliance with Title VI of the Civil Rights Act of 1964 and other federal laws that prohibit discrimination against applicants on the basis of race, national origin and gender. This information will not be used to evaluate your application or to discriminate against you in any way. Should you not provide the requested information, an employee or representative of the program for which you are applying is required to complete the information based upon visual observation.

( ) I do not wish to furnish this information

### Race/National Origin/Gender

- Hispanic/Latino                       Not Hispanic/Latino    American Indian/Alaskan Native  
 Black/African American            Asian                               Native Hawaiian/other Pacific Islander  
 White

(Optional)

- Male                       Female

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APPLICANT SIGNATURE

DATE