

Date:
Permit #:

Official Use Only

Town of New Shoreham Sewer District
P.O. Box 774 Block Island, RI 02807



**Application to Connect to the New Shoreham Sewer District Sewer Lines
and/or private lines serviced by municipal sewer**

Residential Commercial

1. Property Owner:

Name: _____ Company Name: _____

Billing Address: _____ City, State: _____

Zip: _____ Phone: _____ Email: _____

2. Connection Description: Gravity Low Pressure

Is the connection a part of a subdivision? YES NO

Plat: _____ Lot: _____ Sublot: _____ Fire #: _____ Street: _____

New Construction Existing Building Private Public

3. Construction/Installation: District Engineer Approval (attach approval letter)

Does the installation require a road alteration permit? YES NO If YES, approvals required below

Does the installation affect a public right-of-way? YES NO If YES, approvals required below

Signature of Director of Public Works Date Signature of Superintendent of Roads Date

Installer Information: Master Plumber or Underground Utility Contractor

Name: _____ Company Name: _____

RI License #: _____ Address: _____

City, State: _____ Zip: _____ Phone: _____

Email: _____ Construction Start Date: _____ End Date: _____

4. Fees: Account Fee Permit Fee Inspection Fee Fees Collected: \$ _____

Engineer Plan Review Fee (if applicable): \$ _____ Allocation Purchased

The Owner's and Installer's signatures certifies that the "New Shoreham Sewer District's Policy for Private Sewer/Sewer Lines Installation" has been reviewed, that the application is complete and accurate, and Owner and Installer agree to fully comply with the New Shoreham Sewer District's Utility Standards and Rules and Regulations as a condition of the application approval.

Signature of Property Owner Date Signature of Installer Date

This Application must be returned to the Sewer Superintendent in order to receive a permit to connect.

Signature of Sewer Superintendent Date

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