

**TOWN OF BRANDON  
49 CENTER STREET  
BRANDON, VERMONT 05733**

**Permit # C- \_\_\_\_\_**

**(802) 247-3635**

**APPLICATION FOR SEWER TAP and/or RESERVED SEWER CAPACITY**

**Property Information**

Project Location	
Tax Map #	
Estimated Connection Date	

**Applicant**

Name		Phone #	
Mailing Address		Fax #	
		e-mail	

**Property Owner**

Name		Phone #	
Mailing Address		Fax #	
		e-mail	

**Plumber or Contractor**

Name		Phone #	
Mailing Address		Fax #	
		e-mail	

**Licensed Designer or Engineer**

Name		Phone #	
Mailing Address		Fax #	
		e-mail	

- **A Licensed Designer or Engineer may be required to provide information before this permit can be processed.**
- **The applicant and property owner agree to adhere to the conditions, specifications and restrictions forming part of this permit, if issued and to maintain the private line to the main at no expense to the Town.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

<i>Town Office Use</i>		
Administrative Fee	\$ 50.00	Date Received: _____
Recording Fee	\$ 10.00	Date Completed: _____
Deposit	\$ 250.00	Date Connected: _____
Capacity	\$2.79 x _____ gpd = \$ _____	Check #: _____
Total Due	\$ _____	Received By: _____

( ) **Sewer Tap**

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The applicant may be asked to provide complete plans to scale before the application will be considered. Town of Brandon personnel shall observe all taps to the municipal sewer. The applicant is required to call (802) 247-6730 seven days prior to the proposed connection date to schedule with Wastewater personnel. A Tuesday, Wednesday or Thursday is preferred. Exceptions will be made to accommodate emergencies

( ) **Sewer Capacity**

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**Project Information:**

- ( ) Existing Improved Property
- ( ) New Construction

**Flow Calculations:**

- ( ) Individual Single-Family Residential
  - # of potential bedrooms \_\_\_\_\_
- ( ) Multi-Residential
  - Number of potential bedrooms \_\_\_\_\_
  - Number of potential units \_\_\_\_\_
- ( ) Non-Residential (Commercial/Industrial)
  - Name of business \_\_\_\_\_
  - Type of establishment \_\_\_\_\_
  - Number of employees \_\_\_\_\_
  - Number of customers, clients, participants or visitors \_\_\_\_\_
  - If meals are served, number of meals per day \_\_\_\_\_
  - If meals are served, number of seats \_\_\_\_\_
  - Other \_\_\_\_\_

Existing Design Flow: \_\_\_\_\_ gpd      Proposed Design Flow: \_\_\_\_\_ gpd

Comments:

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