

BRANFORD ENGINEERING DEPARTMENT

1019 Main Street, P.O. Box 150 | Branford, CT 06405
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SANITARY SEWER APPLICATION

Date: _____

Property Address: _____

Application Type:

- New Connection
- Disconnection
- Repair
- Main Extension

Building Type:

- Residential 1-Family
- Residential Multi-Family (units: _____)
- Commercial
- Industrial
- Other (_____)

Work will be performed (check all that apply):

- On private property (previous disconnect or repair)
- Within Town ROW (Branford excavation permit required)
- Within State ROW (DOT permit required)

CBYD No.: _____

Owner Name: _____

Plumber Name: _____

Mailing Address: _____

Mailing Address: _____

Email (required) _____

Telephone: _____

Telephone: _____

License#: _____

Applicant Name: _____

Applicant Signature: _____

***Application decisions will typically be rendered within 2 business days.

Work shall not commence until Permit is received unless authorized under emergency conditions.**

Internal Use Only:

Permit #: _____

Insurance ____ Lic. Valid ____ \$2.00 Fee Paid ____ cash or check Assessment Paid ____

Approved ____ Denied ____ Signature: _____ Date: _____

Comments: _____