

TOWN OF SALISBURY

Department of Public Works 39 Lafayette Rd Salisbury, MA 01952 (978) 462-7611

MUNICIPAL SEWER CONNECTION APPLICATION

Property Addres	Map / Lot:
Owner:	
Mail Address:	
Phone:	Email:
Conservation Ag	gent: Date:
	Conservation Agent Signature
	on Agent will review your application to be sure that your excavation will not be impacting as. At this point it will be determined if any erosion controls will need to be installed during the installation.
Sewer Division:	WWTF Chief Operator Signature
	WWTF Chief Operator Signature
	The Sewer Division has reviewed and approved the owner's submission
Drain Layer:	Name of Approved Drain Layer
	Name of Approved Drain Layer
	The property owner chooses the drain layer from the approved list. The drain layer applies for the Trench Permit
Septic Installer:	Date:
	Name of Approved Septic Installer
	The property owner chooses the septic installer from the approved list. The septic installer applies for the Septic System Abandonment Permit
Trench Permit:	DPW Director Signature Date:
	DPW Director Signature
With	all signatures above and comments incorporated, a Trench Permit may be issued