



Map # _____ Lot # _____

Date Paid _____ Check # _____

Town of Eliot

Connection to Public Sewer Application

Owner Information			
Last Name	First Name	M.I.	Date
Property Address			Apartment / Unit #
Telephone #	Email		

EXISTING
USE OF
PROPERTY
(Check One)

<input type="checkbox"/>	VACANT LOT
<input type="checkbox"/>	SINGLE FAMILY # of Bedrooms <input type="text"/>
<input type="checkbox"/>	DUPLEX OR MULTI # of APT <input type="text"/>
<input type="checkbox"/>	OTHER

PROPOSED
USE OF
PROPERTY
(Check One)

<input type="checkbox"/>	SINGLE FAMILY # of Bedrooms <input type="text"/>
<input type="checkbox"/>	ADU
<input type="checkbox"/>	DUPLEX OR MULTI: # of APT <input type="text"/> # of BEDROOMS Per Unit <input type="text"/>
<input type="checkbox"/>	OTHER

WATER SUPPLY (Check One) ☐ Public or ☐ Private

SYSTEM DEVELOPMENT CHARGE (Check box)

<input type="checkbox"/> 5/8" and 3/4" - \$1,000 per unit	<input type="checkbox"/> 1" - \$2,500 per unit	\$
<input type="checkbox"/> 1 1/2" - \$5,000 per unit	<input type="checkbox"/> 2" and greater - \$8.33 per gpd	
PER INSPECTION FEE		\$ 125.00
TOTAL PAID:		\$

Owner Signature		Date:
Sewer Superintendent Signature		Date Received:
Sewer Superintendent Signature	1 st Inspection:	Final Inspection: