

Cherry Valley Sewer District Application for Connection of Building Sewer

Application/Owner Name _____ Signature of Owner _____

Mailing Address _____

Service Address _____ Map/Parcel # _____

Owner's Telephone # _____

Name of Licensed Drainlayer/Contractor _____ Telephone # _____

Connection Type: Gravity _____ Pump _____

Building Type: _____
Residential Commercial Industrial

Projected Flow: _____
GPD 110 GPD per bedroom or Title V estimated flows

Application Fee: _____
(\$250.00)

Connection Fee: _____
(\$8,000.00 per living unit)
(for new construction only)

Total Paid: _____

Inspection Fee: _____
(\$50.00)

NOTE: If plumbing is needed, you are required to obtain a plumbing permit. Please contact the Town of Leicester Plumbing Inspector at 508-892-3423.

Applicant hereby agrees to comply with all Cherry Valley Sewer District Rules and Regulations governing the use of public sewers within the District. Permit(s) shall be valid for a period of one (1) year from the date of authorization. All fees are non-refundable after expiration of permit.

Connection and inspection fees are due and payable upon completion of "Application for Connection of Building Sewer."

Signature of Owner or Authorized Agent _____

_____ Date

_____ Title

_____ Dig Safe #

(Over)

THE FOLLOWING DISCLOSURE NOTICE CAN BE USED WHEN COLLECTING RACIAL/SEX DATA
FOR CIVIL RIGHTS MONITORING PURPOSES

In order to comply with Title VI of the Civil Rights Act of 1964, certain data must be gathered by all recipients of federal financial assistance. The following disclosure should appear in the monitoring section of the application form, which usually is placed after the applicant's signature. If a separate document is used for monitoring information, the disclosure should appear immediately above the request for monitoring information.

"The following is requested by the US Government in order to monitor Cherry Valley Sewer District's compliance with the Title VI of the Civil Rights Act of 1964 and other federal laws that prohibit discrimination against applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Should you not provide the requested information, an employee or representative of the program for which you are applying is required to complete the information based upon "visual observation."

I do not wish to furnish this information

Race/National Origin

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic Origin

Sex

Male Female

NONDISCRIMINATION STATEMENT

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."