

Town of Plainfield, CT
Application for Sewer Permit
North Treatment Plant
860-564-3335



Date: _____ Permit Fee: \$10.00
Property Location: _____
Property Owner: _____
Owners Address: _____
Phone Number: _____
Map: _____ Block: _____ Lot: _____

Permit Approved By: _____ Date: _____

Description of Project:

Assessment Fee: \$ _____

Contractor: _____
Address: _____
Phone: _____
License #: _____ Exp. Date: _____
Bond #: _____

Inspected By: _____
Date Installed: _____

- **Permit must be approved by the department before work can start.**
- **A copy of the contractor's license and certificate of liability must be provided with permit application.**
- **An inspection is required before back filling.**
- **A sewer as-built is required.**