

***TOWN OF WEST SPRINGFIELD  
DEPARTMENT OF PUBLIC WORKS***

**SEWER CONNECTION APPLICATION**

**PLEASE PRINT CLEARLY**

**Property Location**

Property Address Where Connection is Proposed \_\_\_\_\_

Roadway or Right-of-Way Where the Sewer Main is Located \_\_\_\_\_

Size of the Sewer lateral Connection (ie 4", 6") \_\_\_\_\_

**Applicant Information (property owner)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town, State ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Contractor Information (Must be Licensed with the West Springfield Department of Public Works)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town, State ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

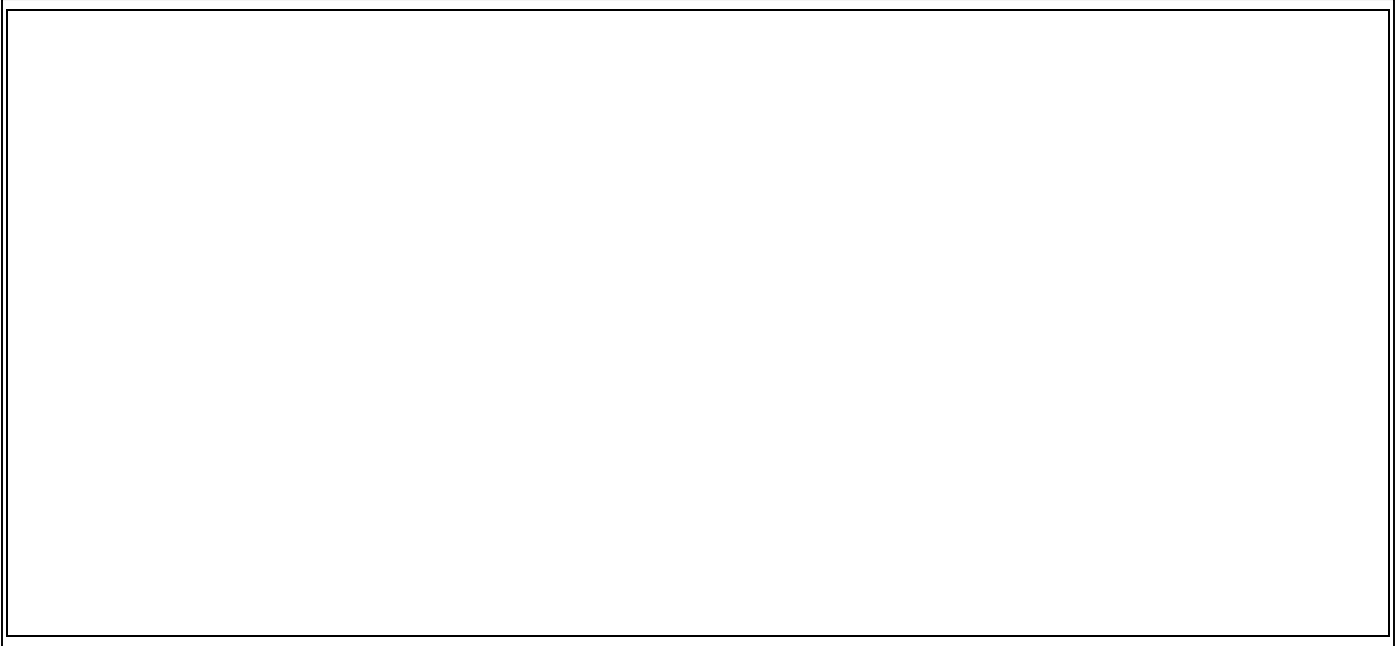
Fax Number \_\_\_\_\_

***Please note that this application will not be processed until a licensed contractor has been retained by the applicant.***

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**In the space below please sketch the approximate location of the structure the connection will be made to, the location of the proposed sewer lateral, the existing sewer main and adjacent roadways.**



**Type of structure the connection will be made to (circle one). Provide # of units or square footage if space is provided.**

1. Single family home
2. Duplex or two family
3. Three (or more) family home # of units \_\_\_\_\_
4. Motel, Hotel # of units \_\_\_\_\_
5. Commercial Buildings Area \_\_\_\_\_ square footage of ground floor area

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**Signature of Applicant (property owner)**

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**Date**