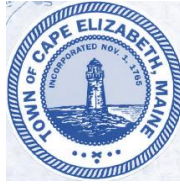


**TOWN OF CAPE ELIZABETH
PUBLIC WORKS DEPARTMENT**

10 Cooper Drive
Cape Elizabeth, ME 04107



Jay Reynolds
Public Works Director
(207) 799-4151
Fax: (207) 799-4426
jay.reynolds@capeelizabeth.org

SEWER CONNECTION PERMIT APPLICATION

Fee: \$4,000.00

I, _____ (print name), am requesting permission to connect to the Town's Public Sewer System, for the street address of _____ and/or Map # _____ and Lot # _____.

The Applicant agrees to comply with all of the requirements set forth in Articles I and II of the Town of Cape Elizabeth Sewer Ordinance (Chapter 15).

Applicant also agrees to provide (or require their contractor to) provide a sketch plan with swing ties to the Town upon completion of the sewer connection work.

Applicant: _____ (Signed)

Address: _____ **State:** _____ **Zip Code:** _____

Tel#: _____ **E-Mail:** _____

Date: _____

Office Use Only

Approved by: _____

Date: _____

Fee Paid: Yes _____ **No** _____