

**RIVERHEAD SEWER DISTRICT
RIVERHEAD, SUFFOLK COUNTY, NY
APPLICATION FOR SEWER CONNECTION**

TAX MAP # _____

DATE _____

The undersigned hereby applies to the Riverhead Town Board, acting as the governing body of the RIVERHEAD SEWER DISTRICT, for permission to connect to the public sewer system, subject to the provisions of the Rules and Regulations applicable thereto:

Name of owner: _____ Phone/Cell Number: _____

Location of premises: _____

Name and Address of drain-layer engaged by owner for proposed work:

Single -Family, Multi-Family or Commercial - Please circle one

Nature of Building (Dwelling, store, etc.) _____

Construction of building (brick, frame, etc.) _____

Number of fixtures to be connected to sewer or work to be done: _____

_____ Kitchen Sinks	_____ Bathroom Sinks	_____ Bath Tubs
_____ Pantry Sinks	_____ Shower Stalls	_____ Toilets
_____ Slop Sinks	_____ Laundry Hook-ups	

Specify other fixtures _____

Number of people normally using above listed fixtures _____

Signature of Owner _____ **Phone Number** _____
(or Agent)

NOTE: Before permit is issued, the Drain-layer must submit to the Superintendent of Sewers a sketch in triplicate showing the proposed work, the length and size of proposed house sewer, location of clean outs, etc. Printed forms for this purpose will be provided on application to the office of the Sewer District