

**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: _____

<input type="checkbox"/> Kitchen Sinks	<input type="checkbox"/> Bathroom Sinks	<input type="checkbox"/> Bath Tubs
<input type="checkbox"/> Pantry Sinks	<input type="checkbox"/> Shower Stalls	<input type="checkbox"/> Toilets
<input type="checkbox"/> Slop Sinks	<input type="checkbox"/> 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