

TOWN OF BERLIN WATER & SEWER ALLOCATION APPLICATION

The undersigned hereby makes application under the provisions of Resolution 2019-04 Water and Sewer Allocation for the Town of Berlin. Fill in all applicable blanks.

DATE:				
APPLICANT DATA				
Name:	Applicant Email:			
Mailing Address:				
-				
Applicant Phone:	_(home)		(cell)	
Name of Agent/Engineer:		_ Phone:		Email:
PROPERTY DATA				
Project Name:				
Street Address:		Town:		_
Tax Map: Parcel:	Lot:	Other:		
Acreage: Zoning: A	ccount No			
Existing Use:				
Existing Allocation: Water:(g	gpd) Sewer:	(gpd)		
PROJECT DATA				
Description:				
Application is for (check all that apply	y):V	/ater	Sewerage	
COST BREAKDOWN				
Water:(# of Water EDUs)	x \$4,425	.00 =		
Sewer: (# of Sewer EDUs)	x \$12,26	51.00 =		
	Total Amo	unt Due: \$		_
		-		
**Balance of EDU charge must be paid	in full before iss	uing a Building	Permit for structu	res being built.
By signing below, I confirm that the al		n is true and a	ccurate to the be	st of my knowledge.
Applicant Signature:		Date	:	-
Applicant Printed Name:				