

Town of Cheshire—Department of Public Works

**Application for Feasibility Approval For
Extension of Public Sanitary Sewers**

Project Name: _____ Project Address: _____

Zoning District: _____ Assessor's Map #: _____ Lot #: _____

Applicant's Name: _____ Applicant's Telephone Number: _____

Applicant's Address: _____

Property Owner's Name: _____ Property Owner's Telephone Number: _____

Property Owner's Address: _____

Contractor's Name: _____ Contractor's Telephone Number: _____

Contractor's Address: _____

Project Details--check and fill in all that apply:

New Discharge Substantial change in the volume or character of pollutants being discharged. Explain:

Residential Number of Bedrooms _____ Estimated Daily Flow in Gallons per Day _____

Commercial Square Footage _____ Estimated Daily Flow in Gallons per Day _____

Industrial Square Footage _____ Estimated Daily Flow in Gallons per Day _____

Total, estimated capacity required: _____ (gallons per day)

Is food preparation occurring on the property or will it occur as part of this project? _____ If yes, provide the Public Health Code Classification: _____ [Note: Class 3 and Class 4 must comply with DEEP Fats, Oil and Grease Regulations.]

Connecticut Conservation and Development Plan and Map Designation [check one]:

- Neighborhood Conservation Area (Map Color Code: Pink)—An extension of public sanitary sewers IS permitted in this area
- Growth Area (Map Color Code: Beige)—An extension of public sanitary sewers IS permitted in this area
- Existing Preserved Open Space (Map Color Code: Dark Green)—An extension of public sanitary sewers is NOT permitted in this area
- Preservation Areas (Map Color Code: Medium Green)—An extension of public sanitary sewers is NOT permitted in this area
- Conservation Areas (Map Color Code: Light Green)—An extension of public sanitary sewers is NOT permitted in this area
- Rural Lands (Map Color Code: White)—An extension of public sanitary sewers is NOT permitted in this area

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Estimated date of occupancy--include estimated occupancy dates for each structure for which a Certificate of Occupancy is required: _____

Will the property be developed in phases? _____ If yes, how many? _____ If yes, provide the information detailed in attachment #6 below.

Attach the following to this application:

1. Letter describing the project and detailing all pertinent information necessary for an informed decision to be made on the application, including, but not limited to: Anticipated project start and completion dates; whether the project is to be phased, and if so, the number of phases; whether the proposed sanitary sewer system (or any part of it) is to be retained in private ownership or if it (or any part of it) is intended to become a part of the public sanitary sewer system; who will be the owner of any easements necessary to the project; details of the existing use (if any) and the proposed use; the content of the wastewater to be treated; whether food preparation is occurring or proposed for the site; and the Public Health Code Classification.
2. Locus plan.
3. Topographic map (maximum scale: horizontal 1"=200', vertical 1"=5') showing the following:
 - a. Limit of immediate service with the proposed sewer plotted;
 - b. Limit of the entire tributary area; and
 - c. Easements to be acquired in connection with construction of the sanitary sewer system or in connection with future construction of extensions of the system
4. Preliminary flow computations (average daily and peak flow rates) for the following:
 - a. Immediate service area.
 - b. Future service area.
5. A color copy of the June, 2005 (or more recent) Conservation and Development Plan and Map of the State of Connecticut on which the location of the property has been clearly indicated.
6. If the property will be developed in phases, attach plans detailing, phase by phase, the planned construction, the timetable of planned construction, the timetable of estimated occupancy for all uses in each phase, the sanitary sewage flow rate for each connection within the phase, and such other data or information as may be requested by the Director or the WPCA. .
7. Ten duplicate sets of the application, including all attachments.

By signing below, I hereby agree and certify as follows:

1. The statements made, and the information provided, in this application and in all supporting documentation are true to the best of my knowledge and belief.
2. I have reviewed, understand, and will comply with The Town of Cheshire Sewer Regulations.
3. I will provide such other data or information as may be requested by the Director or the WPCA as he or it deems necessary to make a decision on the application.
4. Official representatives and agents of the Town of Cheshire, including the Building Official, the Director of Public Works, WPCD staff, or their designees are authorized to enter the property, at reasonable times, for purposes of inspection, observation, measurement, sampling, and testing.

Applicant's Signature _____

Date: _____

Property Owner's (or authorized agent's) Signature _____

Date: _____

[Printed name of authorized agent] _____

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***** FOR OFFICE USE ONLY*****

Dates:

_____ Submitted to Public Works

_____ Statutory "Date of Receipt"

_____ Approved by Planning & Zoning Commission

_____ Approved by Inland Wetlands & Watercourses Commission (write "N/A" if IWWC approval is not required)

_____ Town Engineer feasibility review report received

_____ Feasibility approval: Granted Denied

_____ Additional requirements per Director of Public Works:

_____.