

TOWN OF BELLINGHAM
CRPCD SEWER CAPACITY ALLOCATION APPLICATION

Revised December 11, 2019 (CRPCD Required to sign)

Date Application Received at the DPW

Name of Applicant _____ Title _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

I have read and understand Appendix E of the Town of Bellingham Sewer Use Regulations

Signature _____ Date Signed _____

Location of Proposed Sewer Connection

Street Address _____

Map _____ Parcel _____

Type of Building (Check One)

Existing Non-Commercial Proposed Non-Commercial
Describe _____

Existing Commercial Proposed Commercial
Describe _____

Volume of Daily Capacity Requested (Privilege Fee - If applicable)

Title 5 Design Wastewater flow for the proposed connection _____ gpd
Residential property 110 gallons per bedroom

Privilege Fee \$1.00 x (50% of Title 5 Design Volume) \$ _____ Date Rcvd _____

Describe any hardship to constructing (or repairing) an on site Title 5 septic system

DO NOT WRITE BELOW THIS LINE - TOWN USE ONLY

CRPCD Acknowledged _____
Print Name Signed Date

Sewer Capacity Request Approved GPD _____
Print Name Signed

Connection to be Completed By _____
Date Approval Vote Date