

Summer Village of Birchcliff

Application for Municipal Sewer System Connection

To be completed by installer:

Date: _____ Roll # _____

Owner/s: _____

Civic Address: _____

Mailing Address: _____

Lot: _____ Block: _____ Plan: _____

Permanent Use: Seasonal Use:

Telephone Number: _____

Type of connection: Direct to House connection:
Existing/new Septic Tank:
Existing/new holding tank:

Type of pump: Name and Model: _____
Serial Number: _____

Letter of certification from the manufacturer if other than recommended pump is used: **Yes:** **No:**

It is imperative that the grinder pump selected by the owner or their installer be capable of operating connected to a low pressure sewer system.

Contractor/Installer/Plumber: Company Name: _____
Telephone Number: _____
Address: _____

New installations permit number from Superior Safety Codes Inc.: _____

**** (Permit is mandatory for new tank installation)**

Applicant signature: _____

Office use only:

Hook up acceptable: **Yes** **No**

Additional Information: _____

Old system disconnected **Yes** **No**

If an additional inspection is required the cost is \$100.00 to the installer: **Yes** **No**

Date of inspection approval: _____

Inspector signature _____

Actual date of turn on: _____ Turned on by: _____