

**Residential, Apartment or Commercial Building Water/Sewer/Drain Permit Application**

To the Town of Brookline Department of Public Works:

The undersigned, being the owner of a property located at \_\_\_\_\_  
(Number) (Street)

does hereby request a permit to install a new building water, sewer, and/or drain to serve the proposed

Residence,  Apartment,  Condominium,  Commercial Building,  Other \_\_\_\_\_ at said location.

To be submitted with the application:

Site Plan (**Applications will not be accepted without completed Site Plan Review Checklist**) for the proposed building water, sewer, and/or drain.

Design sewage flow in Gallons per Day (GPD) from the proposed sewer connection will be \_\_\_\_\_ GPD. (calculations based on 314 CMR 7.15, signed and stamped by a Massachusetts Registered Professional Engineer).

Water supply (domestic and/or fire flow) calculations. Note: Brookline Fire Prevention must sign-off on fire supply plans first, before DPW will issue approval.

In consideration of granting this permit, the owner agrees to:

Accept and abide by all Water, Sewer, and Drain regulations of the Town of Brookline currently in force, and all other pertinent regulations that may be adopted in the future.

Have all work on the building water, sewer, and/or drain including excavation, connection to mains, installation of pipe, backfilling and patching performed by a licensed and bonded contractor. Obtain all necessary inspections by the Town. Note: For sewer and drain work, contractor must have drain layers license. For water work, Town does tap(s) on main and supplies materials, owner will be billed directly.

Provide to the Town an as-built copy of the Site Plan in hard copy and in digital format (AutoCAD 2004), provide certification by the design engineer that the construction complies with the approved drawing(s) and that sewer and/or drain connections were dye tested and that all utilities are connected to the correct Town main(s), and furnish completed inspection schedule.

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

(Owner's Signature ONLY)

Owner's Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Information: \_\_\_\_\_

**INSPECTION FEE SCHEDULE**

\$250.00 Residential (up to two (2) units)

\$600.00 Apartments or Condominiums (three (3) or more units)

\$1,000.00 Commercial

\_\_\_\_\_ inspection fee paid.

Received by \_\_\_\_\_ date \_\_\_\_\_