

**WASTEWATER ALLOCATION PERMIT APPLICATION**

Applicant Name \_\_\_\_\_ Property Street Address for Allocation \_\_\_\_\_  
Project Name/Description \_\_\_\_\_  
Parcel Account Number from tax maps (map- parcel-lot) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mailing Address of Applicant \_\_\_\_\_  
Applicant Contacts: Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**REQUIRED INFORMATION FOR ALL WASTEWATER ALLOCATION APPLICATIONS:**

- 1) Requested volume of wastewater (in gallons per day and equivalent user units) \_\_\_\_\_gpd \_\_\_\_EU  
(Note: 1 EU equals 200gpd )
- 2) Documentation/calculations on the basis of the wastewater flow estimate, including information on the characteristics of the wastewater in cases other than normal domestic wastewater.
- 3) Certification by a Vermont licensed civil or environmental PE for developments generating more than 1000 gpd of estimated wastewater flow.
- 4) Documentation on the number of EU's for the requested parcel as identified on the current Wastewater Allocation Map
- 5) Supporting documentation on Town or State project approval and date of approval \_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION**

Check One of the following:

- The permit application is for development on land area with designated allocation capacity equal to or less than 100% of the EU's identified for the parcel on the current Wastewater Allocation Map in categories C, D and E. *No additional information is required.*
- The permit application is for development on land area with designated capacity over 100% but less than 125% of the EU's identified for the parcel on the Feb 2011 allocation map in categories C, D and E. *Additional requirements must be met per Section 10.18.060 of the Wastewater Allocation Ordinance.*
- The permit application is for a) appeal of a Town Manager denial, b) the application is for more than 125% of the maximum number of EU's depicted on the current approved Wastewater Allocation Map, c) the application is for more than 125% of the previously approved sewer allocation for the property except in the case where the added E.U is less than 1 or d) the allocation is for category B. *Additional requirements must be met per Section 10.18.070 B of the Wastewater Allocation Ordinance.*

By signature, the Applicant(s) agrees that the information contained in this application and any related attachments is accurate to the best of his/her/their knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date  
(continued on reverse)

## Town Portion of Permit

Permit Number \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Project Description \_\_\_\_\_

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**Status of Project Approval:**

- \_\_\_\_\_ Sketch Plan approved by the Planning Commission
- \_\_\_\_\_ Preliminary or Final Approval by the Planning Commission
- \_\_\_\_\_ Act 250 or ANR Protection Division Approval with Town certification of capacity to serve
- \_\_\_\_\_ Zoning Administrator approval for minor projects using municipal sewer
- \_\_\_\_\_ Manager approval (if required)
- \_\_\_\_\_ Selectboard approval (if required)
- \_\_\_\_\_ Other (document)

Basis of Renewal Fee: see attached

**Renewal Fee Schedule:**

Year 1: Date of Wastewater Allocation Approval _____	Allocated Capacity _____ gpd
Year 2: Renewal Date _____	
Year 3: Renewal Date _____	

<u>Renewal fee must be paid before the start of year 4:</u>	<u>Fee Paid</u>	<u>Purchased Capacity</u>	<u>Total Purchased Capacity</u>
Year 4: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 5: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 6: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 7: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 8: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 9: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 10: Renewal Date _____	\$ _____	_____ gpd	_____ gpd

\_\_\_\_\_ Conditions of Approval (see attached documentation if relevant)

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

_____	_____
Town Manager or Designated Representative	Date