

**Sewer Connection Permit Application  
Town of Bethel**

\_\_\_\_\_  
Map & Lot

PO Box 1660  
19 Main Street  
Bethel, ME 04217  
Phone: 824-2669 Fax: 824-3355

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Date Escrow Deposit Paid

\_\_\_\_\_  
Permit Fee (SSDC)

\_\_\_\_\_  
Date Excavation Permit Obtained

\_\_\_\_\_  
Date Permit Fee Paid

Applicant's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Location of Sewer Connection \_\_\_\_\_

Name of Contractor Performing Work \_\_\_\_\_

Description of Sewer Connection work, including size and type of pipe, type of connection and number of bathrooms, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

***\*for office use only***

Permit Approval \_\_\_\_\_ Date \_\_\_\_\_

Board of Selectmen

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition(s) of Permit Approval \_\_\_\_\_

\_\_\_\_\_

Date Issued & By Whom \_\_\_\_\_