

**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 _____