



**TOWN OF KINGSTON**  
*Office of the Sewer Commission/Wastewater Department*  
26 Evergreen Street  
Kingston, MA 02364

781-585-4058  
781-585-5874 FAX

Elaine A. Fiore  
Peter C. Cobb  
Thomas W. Taylor Jr.

Attachment A

**Sewer Connection Application for  
Residential & Commercial Buildings**

**To the Kingston Wastewater Department,  
Commonwealth of Massachusetts**

I \_\_\_\_\_ hereby request a permit to install and connect the  
(Applicant) (Property Owner)

property located at \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_  
(Number) (Street)

to the public sewer system within the Town of Kingston. The property is a \_\_\_\_\_  
\_\_\_\_\_ establishment.  
(Residence) (Commercial Building) (Other, please state)

1. If a residence, how many family living units will use the sewer connection  
\_\_\_\_\_
2. The name, address, and license number of the person or firm who will perform the proposed work is: \_\_\_\_\_  
\_\_\_\_\_
3. Plans and specifications for the proposed building sewer are attached hereto as Exhibit "A".
4. An application fee for \$ \_\_\_\_\_ is attached to this application.

**IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED PROPERTY  
OWNER AGREES:**

1. To accept and abide by all provisions of the Rules and Regulations governing the use of sewers of the Town of Kingston, and all other pertinent rules and regulations that may be adopted in the future.
2. To pay all costs of said building sewer and its connection to the public sewer in said street, including all labor and materials or other expenses incurred necessary for the proper construction of said building sewer as determined by the Town of Kingston.
3. To maintain the building sewer at no expense to the Town of Kingston.
4. That the Town of Kingston shall have access at all reasonable hours, to said premises, to see that all laws, by-laws, ordinances, rules and regulations relating to the sewer are complied with.



**TOWN OF KINGSTON**  
*Office of the Sewer Commission/Wastewater Department*  
26 Evergreen Street  
Kingston, MA 02364

781-585-4058  
781-585-5874 FAX

Elaine A. Fiore  
Peter C. Cobb  
Thomas W. Taylor Jr.

**IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED**

**DRAIN LAYER AGREES:**

1. To accept and abide by all provisions of the Rules and Regulations governing the use of sewers of the Town of Kingston.
2. To notify the Superintendent when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered.
3. That construction of the sewer connection will be completed within (60) days of issuance of this permit.
4. Construction of the building sewer and connection to the public sewer shall comply with the plans and specifications attached hereto as Exhibit "A".

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Applicant) (Property Owner)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
( Drain Layer)

**Application approved and permit granted**  
**BOARD OF SEWER COMMISSIONERS OR**  
**WASTEWATER SUPERINTENDENT**

Date \_\_\_\_\_ By \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_