

WINHALL- STRATTON FIRE DISTRICT #1
P. O. BOX 611
STRATTON MTN, VT. 05155
Ph. (802) 297-9590
Fax (802) 297-2017

RESIDENTIAL APPLICATION FOR GALLONAGE

Please type or print.

SEWER ORDINANCE

Article III: Section 2.b.: Approval for capacity allocation shall be based on the following findings:

- 1) **The proposed wastewater is of domestic, sanitary origin and that there is sufficient uncommitted reserve capacity to accommodate the proposed connection;**
- 2) **The proposed wastewater is not of domestic sanitary origin and that sufficient evidence has been presented by the applicant to demonstrate that the proposed wastewater is compatible with ARTICLE 7 "Use of Public Sewer" and will not cause a violation of the discharge permit and that there is sufficient uncommitted reserve capacity to accommodate the proposed development;**
- 3) **The proposed use of wastewater capacity complies with the allocation policies and is not in conflict with any other enactment adopted by the BOARD or District.**

NAME(S) OF LANDOWNER(S) _____

ADDRESS _____ **CITY** _____ **STATE** _____

PHONE NUMBERS: HOME _____ **WORK** _____

NAME OF APPLICANT _____

ADDRESS _____ **CITY** _____ **STATE** _____

PHONE NUMBERS:HOME _____ **WORK** _____

PROPERTY CODE: _____ **LOT NUMBER** _____ **STREET** _____

PROJECT DESCRIPTION _____

EXISTING BEDROOMS _____ **PROPOSED BEDROOMS** _____ **OTHER** _____

NUMBER OF GALLONS REQUIRED THIS CONTRACT _____ **GPD**

TOTAL GALLONS ALLOCATED THIS PROPERTY _____ GPD

APPROXIMATE COMMENCEMENT OF CONSTRUCTION DATE _____

APPROXIMATE DATE OF HOOKUP _____

ADDITION TO RESIDENCE ALREADY HOOKED UP: _____ YES _____ NO

IT IS MANDATORY to submit a floor plan of the building to be connected.

Copies of the Sewer System Regulations for Winhall – Stratton Fire District #1, are available at the Treatment Plant.

GALLONAGE IS COMPUTED AS DETERMINED BY THE AGENCY OF NATURAL RESOURCES, WASTEWATER MANAGEMENT DIVISION

AMOUNT DUE WITH APPLICATION \$25.00 NON-REFUNDABLE PER ARTICLE III, SECTION 2.a.4.

Please make checks payable to: WINHALL - STRATTON FIRE DISTRICT #1

OWNER _____ DATE _____

APPLICANT _____ DATE _____

ACCEPTED BY: _____

NAME

DATE: _____