

**Town of Woodstock**  
**Application for Sewer Connection/Repair/Increased Discharge**  
**Residential Application**

To: Board of Sewer Commissioners of the Town of Woodstock

Application is hereby made by the undersigned pursuant to the Town of Woodstock Sewer Ordinance to:

New Connection \_\_\_\_\_ Increase \_\_\_\_\_ Repair \_\_\_\_\_

Amount of g.p.d. for new connection or increase: \_\_\_\_\_

At the following location: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Applicant name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_

Email: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current number of bedrooms: \_\_\_\_\_

Total bedrooms after work: \_\_\_\_\_

Applicant agrees to install low flow plumbing fixtures. Further, applicant agrees to be responsible for repairing or replacing any damage done to Town sewer lines, streets/roads/sidewalks and to see that said repair/connection is done in accordance with the applicable Town Sewer Regulations or as determined by the Municipal Manager. The applicant also agrees to hold the Town and Village harmless from any damage/injury caused by a third party. The applicant agrees to pay the

designated application fee to the Town at the time of the application for this permit and to advise the Director of Public Works in advance of construction to permit scheduling of the repair inspection.

Applicant must obtain easements from all affected landowners if any part of the sewer line passes on lands of another landowner.

See below for fee schedule.

By signing the application, I understand that I also need to obtain a potable water supply and wastewater disposal permit from the State of Vermont.

Contact the State by telephone at (802) 591-0338 or by email at [terry.shearer@vermont.gov](mailto:terry.shearer@vermont.gov)

Additionally, I understand that once the connection is made, I am required to submit an "as built" drawing of the actual connection prepared by the installer to the Town of Woodstock before the permit is issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner name: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please mail or email this application to:

Town of Woodstock  
Nikki Nourse  
PO Box 488  
Woodstock, VT 05091

[nnourse@townofwoodstock.org](mailto:nnourse@townofwoodstock.org)

**OFFICE USE ONLY**

Woodstock Connection Fee Schedule:

Development fee: \_\_\_\_\_ (\$7.50 x gpd reserve capacity)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_

The permit fee will be refunded in full (without interest) if revoked, withdrawn, or not executed within ONE YEAR.

Approved by Manager: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*This permit is good for ONE YEAR from the date of approval.

Permit number: \_\_\_\_\_