

CITY OF SOUTH BURLINGTON
APPLICATION for WASTEWATER ALLOCATION

***Items marked with an asterisk must be filled in by ALL applicants**

***APPLICANT INFORMATION**

Applicant: _____

Contact Person: _____

Mailing Address: _____

Telephone & Fax for Contact Person: _____

Property Owner Name (if not applicant): _____

Property Owner Mailing Address: _____

***Physical Location of Project:** _____

***Signature of Applicant**

***Signature of Property Owner**

(Both applicant and property owner MUST sign the application!)

***Project Information**

If the project is a single-family home, please check one: _____ New _____ Existing

If not a single-family home, project name: _____

***Application or Permit Numbers:** (from Planning & Zoning office)

_____ - _____ - _____

_____ - _____ - _____

_____ - _____ - _____

Engineer's Information for flows over 1,000 gpd

Name of Engineer: _____

Firm: _____

Mailing Address: _____

Phone & Fax: _____

PE License #: _____

***Flow Calculations**

(You may substitute an engineer's calculation or letter for the information requested below)

For residential projects, list number of bedrooms and units requested:

Number of Bedrooms	Number of Units X	Gallons per day per unit =	Total Flows
1		140	
2 or more		210	
TOTAL			

Notes: _____

For commercial and industrial projects, list existing and proposed tenants, uses and flows:

Tenant/ Business	Type of use	Number of seats, SF, etc X	Flows per unit	Other Adjustments	Total Flow
TOTAL					

***Total development wastewater flow requested: _____gallons per day**

Flow characteristics (for commercial and industrial projects)

Volume:

Flow rate:

Strength:

Please do not write below this line

Application & Recording Fee received: _____
Name Date

Receiving Plant: _____ Airport Pkwy _____ Bartlett Bay
City Center District: _____ Yes _____ No

Approved by Water Pollution Control Department (Commercial and Industrial Projects)

Director of Water Pollution Control Date

Preliminary allocation issued: *(payment of fee is not required)*

Director of Planning and Zoning Date

Final allocation issued: *(payment of fee is required, either in full or pro-rated for projects with multiple zoning permits involved)*

Director of Planning and Zoning Date

Final allocation expires _____ with permit # _____ - _____ - _____
(Date)

Zoning permit issued _____ with permit# _____ - _____ - _____
(Date)

Associated WW connection permit (if applicable) # _____ - _____ - _____

For extensions of Final Allocation Only

EXTENSION GRANTED _____ to _____
(Date) (Date of Expiration)

50% EXTENSION FEE PAID _____ \$ _____
(Date) (Amount)