

# **Town of Oxford**

127 Pottle Road Oxford, ME 04270 Tel 207-539-4431

Fax 207-539-4228

## APPLICATION FOR SEWER SERVICE INSTALLATION

No		Date:
Sewer installation is	desired at: $\square_{\text{Exis}}$	sting Building New Construction
Name:		
Service Address:		, Oxford, Maine 04270
Billing Address:		
MAP/LOT:	Phone #:	
		Family (number of units) ndustrial (please complete attached)
<ol> <li>All costs and expension by the own the applicant.</li> <li>The undersigned from and against provided that any the applicant, its omission of the T</li> <li>To notify the dist observation and portion of the wo</li> <li>All work and mather the undersigned Sewer Use Ordi</li> <li>The sewer user c</li> <li>A. A per year bash Town water cons</li> <li>B. A per year bash</li> </ol>	agrees to indemnify and hall claims, including attory such claim (a) is caused in agents or employees, and own, its agents or employerict or its authorized representation to the Public Sork is covered. Perials will conform to Towed owner agrees to abide nance established by the harge will be based on:  The rate charge of \$332.00 cumption of the building.*  The rate Charge of \$610.00	allation and connection of the building sewer shall be r (\$100.00) inspection fee is required in advance from thold harmless the Town and its agents and employees mey's fees, arising out of performance of the work, in whole or in part by the negligent act or omission of d (b) is not caused solely by the negligent act or yees.  essentative when the Building Sewer is ready for Sewer and allow observation to be made before any on of Oxford Sewer Construction Specifications.  The provisions of this application and the ne Town of Oxford.  Per user plus \$4.00 per 100 cubic feet of metered
*Sewer rates have been appro		
Application Submitted:/_		Date: / / # of Users:



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#### Application for Service Installation – Commercial/Industrial/Institutional Do you currently have Town Water? YES NO I Own Manage Rent/Lease this property. Date Purchased: Date Occupied: \_\_\_ If Other than the Customer Name: Owner Full Name: Last M.I. Owner Address: Street Address City State ZIP Code Type of Establishment: If a Variables # of Variable(s) For Office Use High School # of students Middle or Jr High School # of students Elementary or pre-school # of students Motel, Hotel, BB # of rooms Conventional Restaurant 3 # of seats meals a day Conventional Restaurant 2 # of seats meals a day Disposable Utensil # of seats Restaurant - IE Fast Food Church # of dining seats #of assembly seats Club # of members Daycare w/meals # of children Public Meeting or # of seats Assembly Hall w/ food # of seats Without food \*Sewer rates have been approved by the Municipal Officers. Application Submitted: \_\_\_\_/\_\_\_\_ Paid \$100.00 \_\_\_Y \_\_\_N Hook-up date: \_\_\_\_/\_\_\_/\_\_

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

Reviewed by: \_\_\_\_\_

# of Users: \_\_\_\_\_



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Type of Establishment: if a	Variables	# of Variable(s)	For Office Use
Commercial/Industrial Facility	# of employees		
Governmental Facility	# of employees		
Casino	# of seats		
Gas Station	# of pumps and #pump Islands		
Theater or Playhouse	# of seats		
Laundromat	# of wash machines		
Cocktail Lounge	# of seats		
Beauty/Barber Shop	# of sinks # of stations		
Car Wash w recycle system	# of bays		
Hospital or Nursing/Boarding Home	# of beds		
Store w Public Restroom	# of restrooms		
Store w/o Pub. Restroom	N/A		
Store with Food Service	Yes/No food service		
Additional Seating	# of seats		
Convention Space	# of seats		
Shopping Center	# of employees		
	# of parking spots		
Other			
Per Town of Oxford officia	als, the following are excep	tions/variations:	
		S	ignature / Title
*Sewer rates have been approv	red by the Municipal Officers.		
Application Submitted:/_	/ Paid \$100.00 _	YN Hook-up date:	
Acct#:	Reviewed by:	Date: / /	# of Users: