

Town of Oxford 127 Pottle Road Oxford, ME 04270

Sewer Connection Incentive Grant Application

Names of Legal owners:	
Appl	ication Received Date:
Location of Installation:	
Map/Lot:	Tax Billing Account #
Town Water: □Yes□No	
grant shall be borne by the 2. The undersigned agrees to all claims, including attorn caused in whole or in part caused solely by the neglig 3. To notify the district or its connection to the Public S 4. All work and materials will The undersigned owner Ordinance established b 5. The undersigned owner agestimating the cost of the independent contractor. 6. The sewer user charge wil A. A per year base rate ch consumption of the building	dent to the installation and connection of the building sewer not approved within the e owner. Indemnify and hold harmless the Town and its agents and employees from and against ey's fees, arising out of the performance of the work, provided that any such claim (a) is by the negligent act or omission of the applicant, its agents or employees, and (b) is not gent act or omission of the Town, its agents or employees. authorized representative when the Building Sewer is ready for observation and ewer and allow observation to be made before any portion of the work is covered. conform to Town of Oxford Sewer Construction Specifications. agrees to abide by the provisions of this application and the Sewer Use y the Town of Oxford. grees to allow property access to the Representative of the Town for the purpose of project. The undersigned owner will obtain and submit an itemized quote by an be based on: arge of \$332.00 per user plus \$4.00 per 100 cubic feet of metered Town water
Signature of Applicant:	Date:
	ınt:
	ted amount:

ALL APPLICANTS Required Attachments for consideration of Sewer Connection Incentive Grant award: ☐ Sewer Installation Application □ Itemized quote from an independent contractor with the following information: Name and Location of Applicant Name and mailing address of the contractor Itemized cost for materials & labor Itemized cost for excavation Itemized cost for Septic Tank decommissioning Project description Copy of contractor's W-9 ☐ Recommendation to Deny ☐ Recommendation to Approve Engineer Estimate: Signature: ______ Date: _____ Finance/Town Manager Notes: **Send approval/denial letter to Applicant and Contractor** To be completed prior to payment: ☐ Septic System decommissioning inspection by the Code Enforcement Officer Signature: Date: **Town of Oxford Code Enforcement Officer** Notes:

Attach a copy of the completed Installation application. Attach a copy of the check.

Hook-up Date: ____

☐ Sewer Application installation completed

Name of Applicant:		
Contractor:		
Town of Oxford Grant Approve	al for Map/Lot:	
The attached grant application has been approved for payment in the amount of \$		
All payments shall be made	directly to the contractor(s). W-9s must be submitted for payment.	
Any change orders increasing the amount of the originally submitted quote need to be submitted for approval.		
Grant approved:	This approval is good for 90 days from the Date of issue.	
-	Date:	
Town M	anager, Town of Oxford	

