

81 Main Street, Essex Junction, VT 05452 (802) 878-1344 www.essexvt.org

WASTEWATER ALLOCATION PERMIT APPLICATION

Applicant Name _____ Property Street Address for Allocation _____
Project Name/Description _____
Parcel Account Number from tax maps (map- parcel-lot) ____ - ____ - ____
Mailing Address of Applicant _____
Applicant Contacts: Work Phone _____ Cell Phone _____ e-mail _____

REQUIRED INFORMATION FOR ALL WASTEWATER ALLOCATION APPLICATIONS:

- 1) Requested volume of wastewater (in gallons per day and equivalent user units) _____ gpd ____ EU
 (Note: 1 EU equals 200gpd)
- 2) Documentation/calculations on the basis of the wastewater flow estimate, including information on the characteristics of the wastewater in cases other than normal domestic wastewater.
- 3) Certification by a Vermont licensed civil or environmental PE for developments generating more than 1000 gpd of estimated wastewater flow.
- 4) Documentation on the number of EU's for the requested parcel as identified on the current Wastewater Allocation Map
- 5) Supporting documentation on Town or State project approval and date of approval _____

ADDITIONAL REQUIRED INFORMATION

Check One of the following:

- ___ The permit application is for development on land area with designated allocation capacity equal to or less than 100% of the EU's identified for the parcel on the current Wastewater Allocation Map in categories C, D and E. *No additional information is required.*
- ___ The permit application is for development on land area with designated capacity over 100% but less than 125% of the EU's identified for the parcel on the Feb 2011 allocation map in categories C, D and E. *Additional requirements must be met per Section 10.18.060 of the Wastewater Allocation Ordinance.*
- ___ The permit application is for a) appeal of a Town Manager denial, b) the application is for more than 125% of the maximum number of EU's depicted on the current approved Wastewater Allocation Map, c) the application is for more than 125% of the previously approved sewer allocation for the property except in the case where the added E.U is less than 1 or d) the allocation is for category B. *Additional requirements must be met per Section 10.18.070 B of the Wastewater Allocation Ordinance.*

By signature, the Applicant(s) agrees that the information contained in this application and any related attachments is accurate to the best of his/her/their knowledge.

Applicant's Signature

Date
(continued on reverse)

Town Portion of Permit

Permit Number _____
 Applicant _____
 Project Description _____

Status of Project Approval:

- _____ Sketch Plan approved by the Planning Commission
- _____ Preliminary or Final Approval by the Planning Commission
- _____ Act 250 or ANR Protection Division Approval with Town certification of capacity to serve
- _____ Zoning Administrator approval for minor projects using municipal sewer
- _____ Manager approval (if required)
- _____ Selectboard approval (if required)
- _____ Other (document)

Basis of Renewal Fee: see attached

Renewal Fee Schedule:

Year 1: Date of Wastewater Allocation Approval _____ Allocated Capacity _____ gpd
 Year 2: Renewal Date _____
 Year 3: Renewal Date _____

<u>Renewal fee must be paid before the start of year 4:</u>	<u>Fee Paid</u>	<u>Purchased Capacity</u>	<u>Total Purchased Capacity</u>
Year 4: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 5: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 6: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 7: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 8: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 9: Renewal Date _____	\$ _____	_____ gpd	_____ gpd
Year 10: Renewal Date _____	\$ _____	_____ gpd	_____ gpd

_____ Conditions of Approval (see attached documentation if relevant)

_____ Approved

_____ Denied

 Town Manager or Designated Representative Date