

PERMIT NO: \_\_\_\_\_  
PERMIT EXPIRES: \_\_\_\_\_

**CITY OF WORCESTER  
MANAGEMENT SERVICES DIVISION**



**APPLICATION FOR  
WASTEWATER DISCHARGE PERMIT**

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ EMERGENCY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF INSURER \_\_\_\_\_ DATE POLICY EXPIRES \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ SITE LOCATION \_\_\_\_\_

DEPARTMENT OF ENVIRONMENTAL PROTECTION/LETTER OF APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_

UPPER BLACKSTONE ABATEMENT DISTRICT/LETTER OF APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_

CITY HEALTH DEPARTMENT/LETTER OF APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_

STARTING TIME \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_

LOCATION OF SERVICE RECEIVING DISCHARGE: EXISTING CONNECTION \_\_\_\_\_ NEW\* \_\_\_\_\_

STREET OPENING PERMIT # \_\_\_\_\_ (\*IS REQUIRED WHEN NEW CONNECTION IS MADE TO  
SANITARY PERMIT # \_\_\_\_\_ SANITARY MAIN IN PUBLIC STREET)

METER TYPE \_\_\_\_\_ METER SIZE \_\_\_\_\_ METER READING INITIAL \_\_\_\_\_  
APPROX. AMOUNT OF WASTEWATER DISCHARGED \_\_\_\_\_ METER READING FINAL \_\_\_\_\_

APPLICATION FEE \_\_\_\_\_  
\*\* MONTHLY INSPECTION FEE \_\_\_\_\_  
\*\* SEWER USAGE FEE \_\_\_\_\_  
TOTAL FEE \_\_\_\_\_

\*\* THE APPLICANT AGREES TO PAY  
THE SEWER USAGE FEE BASED  
ON 100% OF THE DISCHARGE AT  
THE EFFECTIVE RATE.

This is to certify that I am familiar with the rules, regulations and ordinances of the City of Worcester and attest that I will do all work in conformance with said rules, regulations and ordinances.

\_\_\_\_\_  
Applicant's Signature

**Print Form**

\_\_\_\_\_  
Date

Application for permit  APPROVED  
 APPROVED AS NOTED  
 DENIED

\_\_\_\_\_  
CHECK NO.

\_\_\_\_\_  
AMOUNT PAID

COMMENTS: (Will be used by Inspector to note special conditions under which permit is issued or to explain reasons for denial).

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

**Permit not valid unless signed and approved by Inspector.**