

**TOWN OF FLEMING**

2433 DUBLIN ROAD

AUBURN, NY 13021

TEL. 252-8988

FAX 252-1492

**SEWER APPLICATION**

I hereby request permission from the Town of Fleming to connect a \_\_\_\_\_ inch sewer lateral to the existing public sewer system. It is further understood that I will be responsible for notifying the Sewer Superintendent when the service is being installed but prior to backfilling same.

Additionally, I agree that all costs associated with the sewer connection will be at my expense and that said installation will be in conformance with all Federal, State and Local Rules & Regulations applicable to this project.

**Sewer Hook-up fee:**        **\$800.00**

**Signature:**

\_\_\_\_\_  
Owner or Authorized Agent

**Address of Owner:**

\_\_\_\_\_

**Address of Installation:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Tel. No.**

\_\_\_\_\_

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**FOR OFFICE USE ONLY**

*This project was inspected on \_\_\_\_\_ in the presence of owner, contractor, other \_\_\_\_\_ (circle one) and was found to be:*

\_\_\_\_\_ *acceptable*

\_\_\_\_\_ *unacceptable*

*Reason:* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Inspector*

\_\_\_\_\_  
*date*

**TOWN OF FLEMING IS AN EQUAL OPPORTUNITY PROVIDER**

**TDD: 1-800-662-1220.**