



TOWN OF WINDHAM WATER WORKS

174 Storrs Road
Mansfield Center, CT 06250
Tel. 860-465-3075 • FAX 860-465-3085

Permit # _____

WATER PERMIT APPLICATION

This application must be filled out and **must** accompany payment of applicable fees, bonds, and deposits. Upon receipt of payment the application will be reviewed and upon approval returned to the applicant. **No work shall be performed prior to receipt of the permit(s).**

Date: _____

Date Service is desired by: _____

Location of proposed work: _____

Nature of work: _____

Owner, name, address and phone #: _____

Contractor, name, address, phone #: _____

Plumber, address, phone #, license #: _____

Please show sketch of proposed work or attach separate drawings:

Square footage of commercial building: _____

I agree to reimburse the Water Department for any expense incurred by them due to the work which is to be performed in connection with this application. I further agree to defend and hold the Water Department harmless from any damages to persons or property resulting from any work performed in connection with this application.

Signed: _____

Fee paid: _____

\$1000 BOND required for excavation on Town property

Work inspected by: _____ date: _____
MAIN TO CURB

Work inspected by: _____ date: _____
CURB TO STRUCTURE