

**TOWN OF WILBRAHAM  
WATER & SEWER INSTALLATION OR REPAIR PERMIT**

**Permit Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service Location:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**I hereby acknowledge that the installation and use of sump pumps connected to the Town sewer system is illegal.**

\_\_\_\_\_  
**Property owner signature**

**TOWN LICENSED SEWER INSTALLER INFORMATION:**

**Business Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

I, the undersigned agree to comply with the rules and regulations as outlined in the “Regulations For The Installation and Connection of Building Sewers and For The Use of Public Sewers in The Town of Wilbraham Massachusetts” Effective Date: February 2009. \*An electrical permit must be issued prior to the installation of a pump system.

\_\_\_\_\_  
Licensed Sewer Installer Date

**TOWN LICENSED WATER INSTALLER INFORMATION:**

**Business Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

I, the undersigned agree to comply with the rules and regulations as outlined in the “Town of Wilbraham Water Department Rules and Regulations” Revised November 2024 for the installation and Connection of Potable Water Service within the Town of Wilbraham.

\_\_\_\_\_  
Licensed Water Installer Date

**OFFICE USE ONLY:**

<b>PERMIT TYPE</b>			<b>PERMIT #/CHECK#</b>	<b>AMT PAID</b>
*Electrical Permit (Building Dept.)	Yes	No	Permit #	
*Reconfiguration of Plumbing (Building Dept.)	Yes	No	Permit #	
Trench Permit	Yes	No	Permit #	
Storm Water Permit issued	Yes	No	Permit #	
Sewer Betterment/Entry Fee or Assessment	Yes	No	Check #	
Administration and Sewer Inspection fee (\$75)	Yes	No	Check #	
As-built sewer received	Yes	No		
Water Entry Fee/Betterment	Yes	No	Check #	
Administration And Water Inspection Fee (\$75)	Yes	No	Check #	
Water As-Build Received	Yes	No		
Water Service Mark out	Yes	No		
Sewer/Drainage Mark out	Yes	No		
Pavement Cut/Tree Belt Cut	Yes	No	Permit #	

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Sewer Approved by  
Date:

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Water Approved by  
Date:

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Sewer Inspected by  
Date:

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Water Inspected by  
Date: