

**TOWN OF FAIR HAVEN**

3 North Park Place  
Fair Haven, VT 05743  
Tel: (802) 265-3010

**PRELIMINARY WATER / SEWER CAPACITY ALLOCATION APPLICATION FOR APPROVAL**

Is this Application for:  Water  Sewer

Tax Map #: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Project's Physical Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Deed Reference: Book: \_\_\_\_\_ Page: \_\_\_\_\_

- 1. This Preliminary Capacity Allocation permit will **expire one (1) year** from the approval date, unless a Final Capacity Allocation Application is approved.

**Preliminary Capacity Allocation Expiration Date:** \_\_\_\_\_  
(To be filled out by the Town)

- 2. The water/sewer service shall be used for the following purpose(s). Check and complete the items below that apply to your project:

Residential Use:

**Water service** is requested for \_\_\_\_\_ residential unit(s)\* with a total of \_\_\_\_\_ bedrooms. The total daily flow basis is: \_\_\_\_\_ gallons. (Calculate flows using 150 gallons per day per bedroom)

Water Residential Flow Calculation \*\*: \_\_\_\_\_

**Sewer service** is requested for \_\_\_\_\_ residential unit(s)\*. The total daily flow basis is: \_\_\_\_\_ gallons. (Calculate flows using 210 gallons per day per residential unit\*)

Sewer Residential Flow Calculation \*\*: \_\_\_\_\_

Non-Residential Use: \_\_\_\_\_  
(Example: daycare, laundromat, restaurant, motel, etc.)

The total daily flow basis is: \_\_\_\_\_ gallons. (Calculate flows using the Environmental Protection Rules, Chapter 1 for sewer, and Chapter 21 for water, current edition)

Non-Residential Flow Calculation \*\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* A residential unit equals one single-family house or one mobile home, apartment or condo unit.  
\*\* Flows greater than 1,000 gallons per day shall be certified by a licensed Professional Engineer.

- 3. The Owner will be notified by the Town as to the approved/denied status of the capacity allocation.

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Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I/we hereby certify that the information contained herein is accurate to the best of my/our knowledge.

\_\_\_\_\_  
Owner Signature No. 1

\_\_\_\_\_  
Owner Signature No. 2

\*\*\*\*\*

**FOR TOWN USE ONLY**

**Water Department Chief Operator's Recommendations:**

Approve       Disapprove       Approve if altered

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Water Dept. Chief Operator

\_\_\_\_\_  
Date

\*\*\*\*\*

**Sewer Department Chief Operator's Recommendations:**

Approve       Disapprove       Approve if altered

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Sewer Dept. Chief Operator

\_\_\_\_\_  
Date

**APPLICANT MUST APPLY FOR AND RECEIVE A FINAL CAPACITY ALLOCATION PERMIT AND A CONNECTION PERMIT PRIOR TO COMMENSING CONSTRUCTION.**