



4 South Eagleville Road Phone: (860) 429-3325 Fax: (860) 429-3321

Receipt

APPLICATION FOR Septic Permit to Construct or Repair

Date Submitted: November 10, 2020

Permit # S-20-506

Located At (Street Address): 0
LAKE RD

Town: Andover

Owner Information:

Owner's Name: KLOCK PETER & SUSAN

Phone:

Owner's Address: PO BOX 36 Glastonbury CT 06025

Owner's Email Address:

Applicant Information:

Applicant's Name: Kevin Shea

Phone: 8604284432

Applicant's Address: 254 Bulkeley Hill Rd. P.O. Box 176 CT Colchester 06415

Applicant's Email Address: kshea01@comcast.net

Company Name:

Is Property Served by Septic System:

Age of Septic System:

Description of Project: Permit - New Septic Design Flow <2000 GPD

This is an application receipt. This is not an approved permit. No work shall begin until you are issued an approved Permit to Construct.

In submitting this application, you certify that you are the owner of this property or the contractual representative of the owner. You further acknowledge that you are responsible for securing any necessary permits required from other town agencies (Building, Wetlands, Zoning, etc.)

Fee: 220

Date: November 10, 2020

FEES ARE NON-REFUNDABLE