

TOWN OF HAMPTON
SEWER DISCONNECTION PERMIT APPLICATION



Date: _____

Name of Property Owner: _____ Phone Number: _____

Mailing Address: _____

Name of Contractor: _____ Phone Number: _____

Existing Building

Total number of existing connections to be removed _____

Property Address (include building number) _____

Tax Map _____ Lot Number _____

Disconnection Fee - \$50.00 per disconnection Total _____ Fee

Signature: _____

Signature above indicates that the sewer connection(s) will be in accordance with the Code of the Town of Hampton

Office Use Only

Comments: _____

Authorized Signature _____ Date _____ Permit Number _____