

TOWN OF CANTON WPCA
Capacity Review or Change of Use Application

Application #: _____
Date: _____

Applications must be received at least two (2) business days prior to the next regular scheduled meeting of the WPCA, to be placed on the agenda. Applications must include all necessary and supporting documents to process such application. Please provide 2 copies of all supporting documents for distribution

1. Applicant's Name: _____ Telephone Number: _____
E-mail Address: _____
Mailing Address: _____

(City) (State) (Zip) (Cell phone)

2. Property Address _____

3. Flow Capacity Review: Average Daily Flow _____ Gallons / Day

4. Change of Use Explanation: _____

5. General Requirements - The Undersigned Agrees To accept and abide by all provisions of the Canton Sewer ordinance, pertinent ordinances, policies or regulations of the Town of Canton and its WPCA.

6. Signature: _____

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For Internal Use Only

A: Date Received by WPCF: _____
B: Date Received by WPCA: _____
C: Date Acted on by WPCA: _____
D: Date Application Closed: _____

Status: Approved Denied Approved with conditions Other (Explain) _____