



TOWN OF TISBURY  
WASTEWATER SERVICE PERMIT  
APPLICATION

PERMIT NO: \_\_\_\_\_  
MAP/PARCEL NO: \_\_\_\_\_

APPLICATION DATE: 6/8/23

75 MAIN ST. TISBURY MA  
LOCATION/PROPERTY ADDRESS

SAM DUNN (202) 437-7679  
OWNER/APPLICANT NAME PHONE

455 STATE RD PMB108 V.H. MASS 02568  
OWNER/APPLICANT MAILING ADDRESS CITY STATE ZIP CODE

DUNN FAMILY LLC  
BUSINESS NAME PHONE ( ) -

N/A CONNECTION IS IN PLACE  
ENGINEER PHONE ( ) -

FENNER CONST.  
INSTALLER PHONE ( ) -

N/A  
ELECTRICIAN PHONE ( ) -

N/A  
PLUMBER PHONE ( ) -

PERMIT TYPE: (Check One)

- Sanitary Sewer Connection (New)
- Sanitary Sewer Connection (Existing)
- Sanitary Sewer Disconnect
- Change of Use

COLLECTION SYSTEM TYPE:

- Gravity
- Low Pressure System

BUILDING TYPE:

- Residential
- Commercial
- Industrial

RESIDENTIAL:

- Single Family
- Multi Family
- Condominium
- Apartment

Bedroom Count: \_\_\_\_\_  
No of Units: \_\_\_\_\_

COMMERCIAL:

- Retail
- Food Service
- Takeout Food
- Other:

No of Seats: 85  
Grease Trap Size: 1000 gal  
Business sq. ft.: \_\_\_\_\_

INDUSTRIAL:

- Pretreatment Unit
- Boat Pump out

Est. Daily Flow: \_\_\_\_\_

List wastes being treated:

1. BATHROOMS & FOOD
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The Undersigned agrees to the following terms of this permit

1. Provide the following items with the application:
  - a. Application Fee
  - b. Preliminary engineering plans
  - c. Connection Fee for new connections
  - d. A copy of all documents related to pre-treatment units
2. All work performed under this permit is to be done in accordance with the latest version of the Town of Tisbury Wastewater Department Rules and Regulations.
3. Prior to excavation the installer must call DIG Safe for other utility mark outs.
4. The installer must at the time of final inspection, provide a complete set of AS-BUILT plans to the Tisbury Wastewater Department.
5. This permit is valid for (1) one year from the date of approval.

Special Conditions:

1. THIS IS AN EXISTING SPACE REQUIRING
2. ADDITIONAL PLAN FOR AN 85 SEAT
3. RESTAURANT. PUMP CHAMBER & GREASE TRAP ALREADY INSTALLED

Will Agn 6/8/23

OFFICE USE ONLY

	Yes	N/A	Date	Application Fee:	\$
Rough Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____	New Connection Fee:	\$
Final Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____	Inspection Fee:	\$
AS-BUILT Submitted	<input type="checkbox"/>	<input type="checkbox"/>	_____	Total:	\$
System Start-up Test Completed	<input type="checkbox"/>	<input type="checkbox"/>	_____		\$

WASTEWATER SUPERINTENDENT APPROVAL FOR PERMIT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WASTEWATER COMMISSION APPROVAL:

Signature \_\_\_\_\_ Date: \_\_\_\_\_