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Town Of Enosburgh  
P.O. Box 465, Zoning Office  
Enosburgh Falls, Vt. 05450

**Sewage Disposal Construction Permit**

**A. Owner / Applicant :**

Name : \_\_\_\_\_  
\_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers : (WK) \_\_\_\_\_  
Home \_\_\_\_\_

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**B. Property / Lot Identification :**

Location Address : \_\_\_\_\_  
\_\_\_\_\_

Zoning District : \_\_\_\_\_ Area of Lot \_\_\_\_\_

Date Property Acquired : \_\_\_\_\_

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**C. Engineer of Record :**

Name / Title / Firm : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Date : \_\_\_\_\_ Date Report Submitted : \_\_\_\_\_

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**OFFICE USE**

Application / Permit Number : \_\_\_\_\_

Date Issued : \_\_\_\_\_

Permit Fee : \_\_\_\_\_

Sewage Officer : \_\_\_\_\_