



# Town of Orleans

## Sewer Connection Deferral Request Form

19 School Road, Orleans, MA 02653  
health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

This form is to be used for a property owner to request a deferral to an existing order to connect to the Orleans Municipal Sewer System.

PROPERTY UNDER ORDER TO CONNECT:	
PROJECT PHASE:	
DATE ORDERED TO COMPLY BY:	
OWNER'S NAME:	
OWNER'S CONTACT INFO (PHONE & EMAIL):	
OWNER'S MAILING ADDRESS (if different):	

I am requesting to:

- Be granted an extension to the ordered date of connection to the Orleans Municipal Sewer
- Other

Upon submitting this form, include the signed engineer certification and any other supporting documentation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

This section for Board of Health *only*

The Orleans Board of Health approves a deferral of sewer connection at the above reference address for up to six (6) months beyond the ordered compliance date.

DEFERRED COMPLIANCE DATE:	
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\_\_\_\_\_  
HEALTH AGENT SIGNATURE

\_\_\_\_\_  
DATE



# Town of Orleans

## Sewer Connection Certification Form

19 School Road, Orleans, MA 02653

health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

This form is to be used for property owners seeking a deferral to connect to the Orleans Municipal Sewer System. Submitting this form will certify to the Board of Health that an engineering firm has been contracted to complete connection work. This form must be submitted along with a Deferral Request Form to be considered.

PROPERTY UNDER ORDER TO CONNECT:	
PROJECT PHASE:	
OWNER'S NAME:	
ENGINEERING FIRM CONTRACTED:	

The signatures below certify to the Board of Health that sewer connection work has been initiated at the above referenced property. Electronic submissions of this document are acceptable.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ENGINEER SIGNATURE & STAMP

\_\_\_\_\_  
DATE