WELLS SANITARY DISTRICT - Checklist for new projects

General information required for all new projects:	
	Project Contact Information (Name, address, email, phone) Owner information (Name, address, phone) Property location (Town of Wells Map/Lot, Unit # and Street Address) Description of proposed project and its use Previous use of property location, if applicable Plans (layout of project/square feet of buildings) For multi unit projects, a stamped by licensed professional engineer, is required. Number of employees per shift, hours of operation
Resi	dential:
<u> </u>	Number of units # of bedrooms/unit Existing or new connection
Cam	pgrounds/RV Parks:
	Number of sites with water/sewer hookups Number of sites without water/sewer hookups
Rest	aurants/food service providers: Type of food service (i.e., sit down or take out, with or without lounge) # of seats (inside, outside, existing and/or proposed) # parking spaces for take-out or drive-in only Grease Interceptor - subsurface Grease Trap - for existing only (capacity/nameplate data)
Mote	el/Hotel Units:
	# of units without kitchen facilities # of units with kitchen facilities
Reta	il/Office Space: Gross square footage of building Type of use (retail or office) # of Employees