

**Application Form – I (Sewerage)**  
**GOVERNMENT OF SIKKIM**  
**WATER SECURITY AND PUBLIC HEALTH ENGINEERING DEPARTMENT**  
**SEWERAGE / REVENUE CELL**  
**Sewerage Connection Application Form:**

The Divisional Engineer,  
Sewerage Division / Revenue  
Water Security & Public Health Engineering Department,  
Government of Sikkim, Gangtok.

No:.....

Dated:.....

I / We request for your kind permission to allow one Sewer line connection from the Government sewer main.

I / We shall abide by the standing of rules/regulation and directives as may be applicable.

Yours faithfully

(Signature Seal of the Applicant)  
(To be filled-up capital letters)

(1) Name / Designation of the applicant.....

(2) Correct Mailing Address: .....  
.....

(3) House No: with location: .....  
Tel. Phone :.....

(4) Name of the Department or Organization if in service : .....  
.....

(5). Sewerage connection is required for (Tick Mark)

- |                |                          |                  |                          |
|----------------|--------------------------|------------------|--------------------------|
| a. Residential | <input type="checkbox"/> | b. Temporary     | <input type="checkbox"/> |
| c. Factory use | <input type="checkbox"/> | d. Institutional | <input type="checkbox"/> |
| e. Commercial  | <input type="checkbox"/> |                  |                          |

6. Sewerage connection is required for (tick Mark)

- a. State Government       b. Central Government   
c. Private & Other

7. Detail of premises (Tick Mark)

- a. R.C.C b.       b. Non R.C.C

c. Size of Building: Length: ..... Ft. width:..... Ft.

d. Nos. of Storey (Tick Mark):

- |                             |                          |                   |                          |
|-----------------------------|--------------------------|-------------------|--------------------------|
| i) One Storeyed             | <input type="checkbox"/> | ii) Two Storeyed  | <input type="checkbox"/> |
| iii) Three Storeyed         | <input type="checkbox"/> | iv) Four Storeyed | <input type="checkbox"/> |
| v) Five Storeyed            | <input type="checkbox"/> | vi) Six Storeyed  | <input type="checkbox"/> |
| vii) More than Six Storeyed | <input type="checkbox"/> |                   |                          |

8. Period of Sewer Connection requirement (Tick Mark)

- a. Permanent   
b. Temporary Duration in months

9. Users details:

a. Nos. of Family living in the premises

- i) 1 Family :       ii) 2 Families :   
iii) 3 Families :       iv) More than 3 Families :   
v) Not Applicable:

b. Estimated Average Total Nos. of users/Family Members

- i 3-5 Persons :       ii 5-10 Persons :   
iii 10-15 Persons :       iv 15- 25 Persons :   
v More than 25 persons :

c. Nos. of Rooms if the premises is a Hotel / Lodge: ..... Nos.

d. Nos. of Toilets / Water Closets in the Premises : ..... Nos.

1) I / We hereby certify that the above information and date provided are true to the best of my/ our knowledge and any subsequent changes that take place shall be notified to the Department immediately.

2) I / We hereby fully agree that apart from other reasons prescribed in the ' Sikkim Water Supply and Water Tax Act, Sikkim Sewerage & Sewerage disposal Act, Sikkim Water Supply rule and Sikkim Sewage & Sewage Disposal Rules, water connection to my premises may be disconnected in the event I violate any rule or regulation of the Local

Self Government, Urban Development and Housing Department, Municipal Corporation and or fail to any water tax/ Charges or sewerage Tax/ Charges ( as may be required under the prescribed rules.)

3) I / We hereby declare that I/We am/ are the owner(s) of the premises mentioned in the application and entire liability of payment of sewerage charges, tax, dues and fines shall rest on me/us, OR on the person whomsoever/the ownership/liability of above premises is legally transferred.

Enclosures (Tick Mark):

- a. B.P. Plan of the house (if within UD&HD / Town or Municipal area):
- b. Ownership Certificate / Land property document. :
- c. B.R Receipt for Rs. 10/- towards the cost of application form :
- d. One self address ed envelope with correct amount of postal stamp affixed:

Signature & Seal of the Applicant  
Head of the Department  
(in case of Govt. Org.)

**FOR OFFICE USE ONLY:**

- a. Rs. 10- paid vode B.RNo:.....Dated:..... (Sum to be deposited under the Account Head '0215' Water Supply).

(Revenue Clerk)  
Sewerage/Revenue Cell- WS & PHED.