

Peters Township Sanitary Authority
Residential Application for Sewer Connection Permit

Date: _____

Applicant: _____
(IF OTHER THAN PROPERTY OWNER, COMPLETE THE ATTACHED AFFIDAVIT)

Property Owner Name: _____ Phone #: _____

Current Address: _____
(STREET) (CITY) (STATE) (ZIP)

Location of Property: _____ 540- _____ - _____ - _____
(DEVELOPMENT) (LOT #) (TAX PARCEL ID)

Service Address: _____
(STREET) (CITY) (STATE) (ZIP)

Will this be rental property: Yes No If Yes, tenant name: _____

Billing Address (IF DIFFERENT FROM SERVICE ADDRESS): _____
(STREET) (CITY) (STATE) (ZIP)

General Contractor Name: _____ Phone #: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Plumbing Contractor (BUILDING SEWER): _____ Phone#: _____

Contact for Sewer Related Issues: _____ Phone#: _____

Submission of this application represents your acceptance of the following terms:

- 1. Permits are not refundable.**
- 2. Physical Connection must commence within 3yrs of issuance. If not, application for an extension and payment of any additional fee must be made.**
- 3. Tapping fees must be paid when submitting this application.**

Signature of Owner or Contractor: _____

For PTSA Use Only

Single Family Multi-Family

Date Received: _____ Date Reviewed: _____ Watershed: BR DC

Backwater Valve determination: Required Not Required Field Verification Required

Construction documents provided: Yes No Waived _____

Documents satisfactory: Yes No Resubmit _____

State or Twp HOP required: Yes No If Yes, has copy been provided: Yes No

Permit release authorization: _____ Date: _____

Review Comments: _____

Permit Fee \$: _____ Check #: _____ Backwater Valve Fee \$: _____ Check #: _____

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA)
COUNTY OF WASHINGTON) SS:

Before me, the undersigned Notary Public, on this _____ day of _____, _____, personally appeared the applicant, _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the Peters Township Sanitary Authority Permit for Sanitary Sewer Connection and acknowledges that he/she/they is authorized by _____ the Property Owner of _____ to purchase and execute said Permit for Sanitary Sewer Connection, binding the property owner to the service conditions of said Permit.

Signature of Applicant/Affiant

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: