

SEWER PERMIT APPLICATION BOROUGH OF HIGHSPIRE

Instructions:

- No work may begin until the Wastewater Department has issued a permit.
- ALL sections of the application must be filled out in its entirety or it will be returned as incomplete.
- If the Applicant is not the property owner, the property owner's signature is required.
- Each application must be accompanied by a plan accurately locating the proposed location of the service lateral (building sewer) and connection or the area of repair.
- No permit will be issued until the appropriate fee(s) have been paid.

Property Information:

*Property Location (Address)

*Name of Property Owner

*Phone Number

*Cell Phone Number

*Address of Property Owner

*Email Address

*Name of Contractor or Person Performing Work

*Phone Number

*FAX Number

*Address of Contractor or Person Performing Work

Type of Building: Residential (Single Family) [] Residential (Multiple) [] # of Units _____ Commercial [] Industrial []

Work to be Done: Connection [] Disconnection [] Replacement [] Repair []

Service Lateral Data: Pipe Size: _____ Type of Pipe: _____ Length of Service Lateral: _____ Cleanouts : Yes / No # _____

Note: PROHIBITED CONNECTIONS INCLUDE SUMP PUMPS, DOWNSPOUTS, AREA DRAINS, FRENCH DRAINS, FOOTER DRAINS OR ANY OTHER CONNECTION THAT WOULD ALLOW STORM OR GROUND WATER TO ENTER THE SANITARY SEWER SYSTEM

AS APPLICANT for a permit; the undersigned agrees to abide by all provisions of Highspire Borough Sewer Ordinance No. 595 and all other rules, regulations and specifications governing construction of, connection to, and use of the service lateral serving my property, and certify all work under this permit was performed either by myself or my contractor/plumber.

Applicant Signature _____

Date _____

Fees: [] \$1500.00/E.D.U. Connection Fee made Payable to: Highspire Borough Authority

Paid by: _____ Date: _____ Check #: _____

[] \$150.00 Inspection Fee made Payable to: Borough of Highspire

Paid by: _____ Date: _____ Check #: _____

Application approved and permit issued on this day _____ by _____

Inspected on this day _____ by _____