

# South Londonderry Township Municipal Authority

## APPLICATION FOR SEWER PERMIT

Permit# \_\_\_\_\_

***It is required that a permit be issued to connect to the Sanitary Sewer System or to make any repairs to an existing connection. The following information must be provided:***

**PROPERTY INFORMATION:**

Property Owner(s):		Property Address:	
Subdivision:	Phase:	Lot#:	Tax ID:

**INFORMATION REQUIRED FOR BILLING:**

Owner(s) Mailing Address:	Daytime Phone:
City/State/Zip	Email Address:
Type of Service: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> <b>***If other Commercial / Industrial Detail must be completed***</b>	*Is Grease Trap Required: Yes <input type="checkbox"/> No <input type="checkbox"/>

**CONTRACTOR INFORMATION:**

Name of Contractor Installing Sewer:	Daytime Phone:	Contact Person:
Mailing Address:	City/State/Zip:	
Is Contractor Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*If No, Registry Application Must Be Completed</i>		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERMIT FEE BREAKDOWN:**

*(Office Use Only)*

Tapping Fee:	
Lateral Fee:	
Customer Facility Fee:	
Reimbursement Component:	
<b>TOTAL DUE:</b>	

**APPROVED:** Yes  No

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved By

System:	Account#:
Reserving Agent:	# of EDUS: