



ELIZABETH TOWNSHIP  
522 ROCK RUN ROAD, ELIZABETH, PA 15037

# APPLICATION FOR SANITARY SEWER PERMIT

Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Plumbing Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

For: (New Home) \_\_\_\_\_ (Existing Home) \_\_\_\_\_ (Restaurant) \_\_\_\_\_ (Business) \_\_\_\_\_  
(Apt. Bldg.) \_\_\_\_\_ (Other) \_\_\_\_\_ Description of Other \_\_\_\_\_

Connection at:  
Address: \_\_\_\_\_ Lot & Block #: \_\_\_\_\_

### APPLICANT DO NOT WRITE IN BOXES

CONTRACT/PLAN _____	LOT/V# _____
PERMIT # _____	BACK FLOW VALVE RECOMMENDED _____
WATERSHED _____	TAP FEE(S) \$ _____

**PLOT PLAN REQUIRED** For New Construction In Sub Divisions & Where Available.  
 A DETAILED, TO SCALE Drawing of Copy of DEED showing LOT SIZE, Is Required, Otherwise.  
 NO SKETCH Of Work Is Acceptable.  
 A LOT & BLOCK Number Is Required.  
 OBTAIN A Copy Of The TAP-IN SPECS. BEFORE ANY WORK STARTS.

- NOTE: TAP-IN PERMIT MUST BE USED WITHIN ONE YEAR.

I HEREBY AGREE TO COMPLY WITH ALL TERMS AND CONDITIONS OF OFFICIAL ORDINANCES, RULES, RATES, AND REGULATIONS PERTAINING TO THE WORK INVOLVED UNDER THIS APPLICATION.

I ALSO ACKNOWLEDGE THAT A COPY OF THE TAP-IN SPECIFICATIONS HAVE BEEN RECEIVED.

CHECK ONE

Date: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_  
 Owner  
 Plumber

(Applicant do not write below this line)

Date: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_