



Tax Parcel # \_\_\_\_\_  
Date \_\_\_\_\_

## WILLISTOWN TOWNSHIP

### APPLICATION TO INSTALL Sewage Grinder Pump System

A copy of the contract between the homeowner and contractor must accompany this application.

#### Property Address:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

#### Plumbing Contractor Information:

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Telephone Number \_\_\_\_\_

#### Fees:

|                          |                 |               |                |
|--------------------------|-----------------|---------------|----------------|
| Plumbing Permit \$ _____ | Date Paid _____ | Check # _____ | Rec'd by _____ |
| Pump Fee \$ _____        | Date Paid _____ | Check # _____ | Rec'd by _____ |
| Water Meter Fee \$ _____ | Date Paid _____ | Check # _____ | Rec'd by _____ |
| Tap in Fee \$ _____      | Date Paid _____ | Check # _____ | Rec'd by _____ |

By virtue of placing my signature below, I acknowledge that the following items have been addressed in the contract for the installation of the service lateral and sewage grinder pump: proper compaction in accordance with the specifications and requirements of the manufacturer, electricity connection, telephone connection, proper abandonment of the existing on-lot sewage disposal system in accordance with township regulations and restoration in accordance with the minimum requirements which are raking, seeding and mulch over the service connection trench. I also acknowledge that the permit fee covers two inspections and that any additional inspections will be charged to the homeowner. The homeowner authorizes the contractor to obtain the sewage grinder pump from the manufacturer.

#### Signatures:

**Property Owner** \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_

Willistown Sewer Engineer \_\_\_\_\_ Date \_\_\_\_\_



## Low Pressure Order Record

Tax Parcel #: 54-\_\_\_\_\_

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

I, \_\_\_\_\_ (owner) authorize my plumbing contractor

(name) to purchase from Willistown Township the low pressure items as listed:

|                    | Cost     |
|--------------------|----------|
| 1. Complete system |          |
| a. 84" tank        | \$ _____ |
| b. 96' tank        | \$ _____ |
| c. Shipping        | \$ _____ |
| 2. Pump (only)     | \$ _____ |
| 3. Water Meter     | \$ _____ |

The low pressure (grinder) pump will be installed at the above parcel. The lateral and connection to the public main require inspections. Willistown's third-party maintenance contractor will inspect the pump installation and complete the warranty paperwork.

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # \_\_\_\_\_

Date \_\_\_\_\_

### PLUMBING PERMIT APPLICATION

#### New Sewer Connection ONLY

*Willistown Township  
688 Sugartown Road  
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

PA State Registration # \_\_\_\_\_ Cert Ins \_\_\_\_\_ Liability \_\_\_\_\_ W/C \_\_\_\_\_

ICC Certification # \_\_\_\_\_

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner(s) Signature(s) \_\_\_\_\_ / \_\_\_\_\_

*\*ALL names on deed must sign*

Please Print Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Plumbing Contractor Information:**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction.**

Plumbing Contractor's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_ Phone \_\_\_\_\_

**1. Description of Plumbing Connection** \_\_\_\_\_ **Gravity** \_\_\_\_\_ **Low Pressure**

**3. Cost of Improvement/Work** \_\_\_\_\_ (labor and materials only)

*Please do NOT write below this line*

Permit # \_\_\_\_\_ Date Received \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_