



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

Date \_\_\_\_\_

### SEWER CONNECTION PERMIT APPLICATION

*Willistown Township*

*688 Sugartown Road*

*Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

#### BUILDING SEWER CONNECTION - APPLICATION - PERMIT - APPROVAL

**Property Address/Site Location:**

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

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Note:** Bills will be sent to this address unless Township is notified otherwise. If bills are to go to another address, please check here  and attach that address on a separate sheet of paper.

**Type of Building:**

Residence-single family  Residence-multiple  # of units \_\_\_\_\_ Commercial\* Industrial\*

\*commercial and industrial users fill out separate information sheet

Sewer District: \_\_\_Acres East Central \_\_\_ Penns Preserve \_\_\_Low Pressure Systems \_\_\_Sugartown Road

**Usage:**

Estimated total daily flow in gallons \_\_\_\_\_

Estimated rate of flow during daily peak usage in gallons per minute \_\_\_\_\_

**Fees:**

Separate Payments (make checks payable to Willistown Township)

Tap in Fee \_\_\_\_\_ Sewer District: \_\_\_\_\_.

**Contractor Information:**

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

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

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

The undersigned, on behalf of the Owner whose name is set forth above, hereby makes application for a permit to construct a sanitary building sewer for the property whose address is set forth above and to connect to the Township sanitary sewer system.

Owner and Contractor both hereby certify that they have read or are familiar with the Ordinances of Willistown Township and the Rules and Regulations of the Sewer Department of Willistown Township and particularly the regulations pertaining to construction and connection of sanitary building sewers.

The registered Plumber signing this application certifies that the information contained herein is true and correct to the best of his knowledge, information and belief and that he has taken all reasonable steps to verify the accuracy hereof.

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_

Plumbing Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_

Sewer Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

*Please do NOT write below this line*

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

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 \_\_\_\_\_