

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



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

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)
Permit Fee _____ Tap in Fee _____ Pump Fee _____

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 Owner and Contractor both understand that NO WORK IS TO BE COVERED UNTIL INSPECTED, TESTED AND APPROVED and that NO CONNECTION IS TO BE MADE UNTIL PERMISSION IS GRANTED.

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The registered Master 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 _____
Please Print Name _____

Contractor's Signature _____
Please Print Name _____

Master Plumber's Signature _____
Please Print Name _____

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Sewer Engineer _____ Date _____
Approved _____ Reason for Disapproval _____

Pipe Tested and Approved _____ Date _____

Final Inspection-Connection Authorized _____ Date _____

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PLUMBING PERMIT APPLICATION

*Willistown Township
688 Sugatown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

PA State Registration # _____ Cert Ins _____ Liability _____ W/C _____
ICC Certification # _____ WT Registration # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner's Signature _____
Please Print Name _____ Telephone Number _____

Contractor Information:

Name of Company _____
Address _____ City _____ State _____ Zip _____

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. All work is to be done in accordance with Willistown Township ordinances.

Contractor's Signature _____
Please Print Name _____ Telephone Number _____

1. Description of Plumbing Work & Size of Service _____
Existing _____ New _____

Low Pressure: _____ Gravity: _____ On Site Septic: _____

2. Attach documentation of proposed work. RISER DIAGRAM MUST BE ATTACHED. (P3005.4) Water distribution calculations may be required. (P2903.7)

3. Cost of Improvement/Work _____

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____

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**WILLISTOWN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

Tax Parcel # _____

Date _____

I, _____ (owner), authorize my
contractor (name), _____ to purchase the following:

Description	Cost
1. Set (tank, pump & control system)	\$ _____
2. Tank	\$ _____
3. Pump	\$ _____
4. Control System	\$ _____

to be installed at:

_____ (address), in Willistown Township, PA.

Note: Plumbing permit is required, as well as inspection at completion. Please call prior to completion to schedule the inspection.

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WILLISTOWN TOWNSHIP

**APPLICATION TO INSTALL LATERAL SEWER SERVICE
AND/OR 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 _____

Contractor Information:

Name of Company _____
Address _____ City _____ State _____ Zip _____
Please Print Name _____ Telephone Number _____

Fees:

Plumbing Permit \$ _____	Date Paid _____	Check # _____	Rec'd by _____
Pump Fee \$ _____	Date Paid _____	Check # _____	Rec'd by _____
Permit 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 at a rate of \$50 each. The home- owner authorizes the contractor to obtain the sewage grinder pump from the manufacturer.

Signatures:

Property Owner _____ Date _____
Please Print Name _____

Contractor _____ Date _____
Please Print Name _____