

DELANCO SEWERAGE AUTHORITY
APPLICATION FOR SEWER PERMIT, CONNECTION, ASSESSMENT

PERMITS MUST BE OBTAINED BEFORE ANY WORK MAY BEGIN

(Please print or type)

BLOCK _____ LOT _____ QUAL _____

LOCATION: _____

OWNER'S NAME: _____ TELEPHONE NO.: _____

ADDRESS _____

PLUMBER'S NAME: _____ NJ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE NO.: _____

REQUESTING PERMIT FOR:

___ Tap ___ Connection ___ Alteration ___ Other/Specify: _____

___ House ___ Commercial ___ Industry ___ Other/Specify: _____

DESCRIPTION AND NUMBER OF FIXTURES INCLUDING ANY FIRE PROTECTION DEVICES:

FIXTURES BELOW GROUND LEVEL:

SIZE OF LATERAL: _____ SIZE OF MAIN: _____ EST. FLOW PER DAY: _____

DATE WORK IS TO BEGIN: _____ DATE WORK IS TO BE COMPLETED: _____

SKETCH OR PLANS MUST BE ATTACHED SHOWING LOCATION OF LINES, VALVES, ETC.

(Signature of Applicant) DATE: _____

(Signature of Authority Representative) APPROVED NOT APPROVED
DATE: _____

OFFICE USE ONLY

TOTAL FOR EACH CONNECTION = \$1875.00 UNTIL JUNE, 2010

PERMIT: # _____

AMOUNT \$ 50.00 CASH CHECK # _____ Other/Specify: _____

CONNECTION:

AMOUNT \$ 1825.00 CASH CHECK # _____ Other/Specify: _____

ASSESSMENT: IF APPLICABLE, MAKE SEPARATE CHECK PAYABLE TO: DELANCO SEWER AUTHORITY

AMOUNT \$ _____ CASH CHECK # _____ Other/Specify: _____