

**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**

PERMIT: # \_\_\_\_\_

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

CONNECTION:

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

ASSESSMENT: IF APPLICABLE, MAKE SEPARATE CHECK PAYABLE TO "TOWNSHIP OF DELANCO".

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