DELANCO SEWERAGE AUTHORITY
PERMIT APPLICATION FOR DISCONNECTION

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 __X__ Other/Specify: DISCONNECTION

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

DESCRIPTION AND NUMBER OF FIXTURES INCLUDING ANY FIRE PROTECTION DEVICES:

N/A _____ _____ _____

_____ _____ _____

_____ _____ _____

FIXTURES BELOW GROUND LEVEL:

N/A _____ _____ _____

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.

_____ DATE: _____

(Signature of Applicant)

_____ ☐ APPROVED ☐ NOT APPROVED

(Signature of Authority Representative) DATE: _____

OFFICE USE ONLY

DISCONNECTION PERMIT: # _____

AMOUNT $ 25.00 ☐ 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: _____