

**EAST WHITELAND MUNICIPAL AUTHORITY  
SANITARY SEWER SYSTEM**

**SEWER CONNECTION APPLICATION**

Date Received \_\_\_\_\_ Permit No: \_\_\_\_\_

Owner: \_\_\_\_\_ Sewer Rental Billing Address: \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_ Name of Subdivision: \_\_\_\_\_

\_\_\_\_\_

Lot #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

\_\_\_\_\_ Single Family Residential

\_\_\_\_\_ Fire House/Church

\_\_\_\_\_ Commercial/Business/Professional Offices

\_\_\_\_\_ Public/Private School

# of Employees: \_\_\_\_\_

\_\_\_\_\_ # of Pupils

\_\_\_\_\_ Restaurant

\_\_\_\_\_ # of Teachers

# of Seats: \_\_\_\_\_

\_\_\_\_\_ # of Employees

\_\_\_\_\_ Motel/Hotel/Conference Center

\_\_\_\_\_ Hospital/Nursing Home

# of Seats: \_\_\_\_\_

\_\_\_\_\_ # of Beds

# of Bedrooms: \_\_\_\_\_

# of Employees: \_\_\_\_\_

\_\_\_\_\_ Gas Station

\_\_\_\_\_ # of Bays

\_\_\_\_\_ Industrial (type of waste)

\_\_\_\_\_ Other

\_\_\_\_\_ Sanitary Sewer

\_\_\_\_\_ Clear Water

\_\_\_\_\_ Process Waste

Analysis of Process Waste: B.O.D. \_\_\_\_\_ D.S. \_\_\_\_\_ P.H. \_\_\_\_\_

Plumber and Contractor must be licensed in East Whiteland Township

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_

Connection:

Size of Lateral \_\_\_\_\_  
Number of Connections \_\_\_\_\_  
Number of Water Meters \_\_\_\_\_

In consideration of the granting of this permit, the undersigned agrees:

To accept and abide by all provisions of the East Whiteland Township Sewer Regulator Ordinance No. 86-87 dated November 19, 1987 and the East Whiteland Municipal Authority Sanitary Sewer System Specifications.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
Owner/Owner's Agent

**TYPE OR PRINT**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

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**EWT OFFICE USE ONLY**

PLEASE MAKE TWO SEPARATE CHECKS, ONE FOR TAPPING FEE AND ANOTHER FOR CONNECTION FEE

Tapping Fee: \$ \_\_\_\_\_  
Connection Fee: \$ \_\_\_\_\_  
Total Paid: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Public Works