

**MUNICIPAL AUTHORITY
OF THE TOWN OF BLOOMSBURG**

**PERMIT APPLICATION FOR CONSTRUCTION OF PROPERTY SEWER
LATERAL AND CONNECTION WITH THE SANITARY SEWER SYSTEM**

DATE OF APPLICATION: _____

PROPERTY LOCATION: _____

PROJECTED EDU'S (Equivalent Dwelling Unit): _____

OWNER NAME(S): _____

OWNER ADDRESS: _____

CONTACT NUMBER: _____

The undersigned hereby makes application for permission to construct sewer laterals to, and to connect the herein designated property with, the Sewer System of the Municipal Authority of the Town of Bloomsburg (herein referred to as the "Authority"). In consideration of granting of this application, the undersigned agrees:

1. To accept and abide by all provisions of the Ordinance of the Town of Bloomsburg concerning the Sewer System, the resolutions of the Authority and the Rules and Regulations of the Authority and/or the Town and the applicable Codes, Ordinances, Resolutions, Rules and Regulations which may be adopted by the Town or the Authority in the future.
2. To maintain the sewer lateral at no expense to the Town or to the Authority.
3. To notify the Authority when the sewer lateral is ready for inspection and connection to the public sewer. ***Such notification must be made before any portion of the work is covered.***

FEES:

TAPPING FEES:

(CAPACITY) \$1,600.00 per EDU (Equivalent Dwelling Unit) \$ _____

(COLLECTION) \$800.00 per EDU (Equivalent Dwelling Unit) \$ _____

CONNECTION FEE: \$350.00 \$ _____

TOTAL FEES: \$ _____

Upon approval, sewer permit will be valid for a period of 6 months ***from the date of approval***. Upon completion of "Extension Request" sewer permit validation may be extended for an additional 3 months from the date of initial expiration. If work requested in the permit is not completed prior to the expiration of the "Extension Request", permittee must complete a "Sewer Permit Renewal" which must meet all the conditions and approvals of the original sewer permit.

PERMITTEE SIGNATURE

APPROVED BY: _____
Municipal Authority Representative

PERMITTEE SIGNATURE

APPROVAL DATE: _____

PAYMENT INFORMATION:

TOTAL FEES: \$ _____ DATE RECEIVED: _____ BY: _____

CHECK #: _____ PERMIT NUMBER: _____