

APPLICATION FOR SEWER CONNECTION PERMIT

Fill in all information completely

Location: _____

Property Owner – Name & Address

Contractor – Name & Address
(If applicable)

Applicant (Check one)

_____ Property Owner

_____ Contractor

Phone Number - _____

Phone Number - _____

Sewer Connection Type:

_____ Residential

_____ Commercial

Total EDU's _____

Each single-family dwelling is one (1) EDU. All other flows shall be established in accordance with the Pennsylvania Sewage Facilities Act 537, Title 25, Chapter 73, Section 73.17.

- A PennDOT Permit may be required for State Roadways.*
- A Township Road Encroachment Permit may be required for connection.*
- A Grading Permit will be required for any work in the right-of-way other than a simple perpendicular connection to an existing main.*
- A Plumbing Permit is required for any changes to the existing inside plumbing system and installation of a Forced Pump System.*

THIS APPLICATION SHALL BE ACCOMPANIED BY A PLAN ACCURATELY LOCATING THE PROPOSED LOCATION OF THE LATERAL AND THE POINT OF CONNECTION.

The filing of this application constitutes an agreement that the applicant will comply with the terms and conditions set forth in the Township ordinances, regulations and all approved plans and related data.

Applicant's Signature

Date

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

I understand that this permit will be issued only for that work listed.

I understand that additional information or permits may be required.

I understand that I shall give Thornbury Township 24 hours notice prior to commencing work.

DO NOT WRITE BELOW THIS LINE

Lateral Connection Inspection: \$120.00

Backfill & Restoration : \$120.00

Capacity fee : \$ _____

Reimbursement fee \$ _____ to _____

Authorization [] YES [] NO [] N/A

Workers' Compensation Insurance [] YES [] NO [] N/A

Expiration date of Workers' Comp. Insurance ____-____-____

Liability Insurance [] YES [] NO [] N/A

Expiration date of liability insurance ____-____-____

APPROVED BY: _____

DATE: _____

**THORNBURY TOWNSHIP
6 Township Drive
Cheyney, PA 19319**

AUTHORIZATION

**(When APPLICANT is not the owner of record, the following must be completed
by the owner, and submitted with the permit application.)**

I (We) _____
(name)

- (address, phone number)

owners of the property located at: _____
(site address)

do hereby authorize:

(contractor's name)

- (address, phone number)

for the following work:

(owner's signature)

(print name)

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

NOTE: Under State Law, the Township is responsible to stop all work on any site when non-exempt parties are working without Workers' Compensation Insurance and/or non-exempt parties have not completed and submitted to the Township the proper exemption form.

SITE ADDRESS: _____

A. The APPLICANT is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

_____ **YES** _____ **NO**
(If YES, skip Section D. If NO, skip Section C)

B. Name of APPLICANT: _____

Federal or State Employer ID No.: _____

C. Insurance Information - to be completed by contractors only:

Applicant is a qualified self-insurer for workers' compensation:

_____ **CERTIFICATE ATTACHED**

Name of workers' compensation insurer: _____

Worker's compensation insurance policy no.: _____

Policy expiration date: _____

_____ **CERTIFICATE ATTACHED**

OVER.....

(ALL APPLICANTS MUST SIGN AND FILL IN NAME, ADDRESS AND PHONE NUMBER ON REVERSE SIDE OF THIS FORM)

D. Exemption - If APPLICANT is a contractor claiming exemption from providing Workers' Compensation Insurance or the owner of the property, Section D shall be completed.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law, for one of the following reasons:

___ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance.

___ Contractor is a member of a Corporation and has claimed exemption from such Corporation through PA Dept. of Labor & Industry (copy of exemption notification shall be attached).

___ APPLICANT is a registered partnership through the State of Pennsylvania.
(Proof of partnership should be attached.)

___ APPLICANT is the property owner, and understands that if he/she hires other parties or subcontractors, such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the applicant before commencing any work on the property.

___ Religious exemption under the Workers' Compensation Law.

Signature: _____

Name: _____

Address: _____

Phone No.: _____

THORNBURY TOWNSHIP
DELAWARE COUNTY
6 TOWNSHIP DRIVE
CHEYNEY, PA 19319-1020

(610) 399-0844