

SCOTT TOWNSHIP AUTHORITY

APPLICATION FOR PERMIT FOR CONSTRUCTION OF PROPERTY SEWER LATERAL TO AND CONNECTION WITH,
SCOTT TOWNSHIP SANITARY SEWER SYSTEM

I. IDENTIFICATION

	Name	Mailing Address City, State and Zip Code	Phone number/ Email address
Applicant			
Owner of Land			
Contractor			

II. SITE LOCATION

Subdivision _____	Lot number # _____
Street # _____	Street _____

III. CERTIFICATION

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent.

I hereby certify that the owner and his agents are aware of the rules and regulations of the Scott Township Authority and hereby agree to abide by them with the full knowledge that any violation of said rules and regulations will be cause for revocation of this permit.

Signed _____ Date: _____

Applicant name

Official use only – Do not write below this line

Permit Issued Yes _____ No _____

Fee Paid Yes _____ Check # _____ Amount paid \$ _____

Permit Number _____

Agent Issuing Permit _____

Connection Inspection Date: _____ Initial: _____

Meter Installation Date: _____ Initial: _____