

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	ZIP CODE	PHONE NUMBER
1. Applicant				
2. Owner of Lane				
3. Constractor				

II. SITE LOCATION

Subdivision _____ Lot No# _____

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 the, with the full knowledge that any violation of said rules and regulations will be cause for revovation of the permit.

Signed _____ Date _____

Applicant

DO NOT WRITE BELOW THIS LINE

Permit Issued Yes _____ No _____

Fees Paid Yes _____ No _____ Ckeck # _____

Agent Issuing Permit _____

Date of Issue _____

Permit Number _____

Connection Inspection _____

Meter Installation _____

***Please fill out Yellow Highlighted areas if you are – only a Single Family Unit

SCOTT TOWNSHIP AUTHORITY RESOLUTION, JUNE 10, 1990 (as amended) EDU APPLICATION

Please print or Type

1. Full Name (s) of all Property Owners: _____

2. Property Address _____

3. Will property be used only for residential purposes? Yes _____ No _____

If answer is NO, briefly describe all uses of the premises: _____

Is property a Single Family Unit? Yes _____ No _____ - or is property a Church? Yes _____ No _____

If answer is NO, How many Units are situated with in _____

Number of separate living facilities (apartments, semi – detached) _____

Number of beds if: Motel _____ Hotel _____ Nursing home _____ Bed & Breakfast _____

Number of Employees (shift with the greatest number of employees) if Commercial, Industrial or Retail _____

Number of seats in each area (not open 24 hours a day) if: Restaurant _____ Club _____ Tavern _____

Theatre _____ Bar _____ Banquet Room _____ Snack Bar _____

Number of seats in each area (open 24 hours a day) if: Restaurant _____ Club _____ Tavern _____

Theatre _____ Bar _____ Banquet Room _____ Snack Bar _____

Number of (if School, Private or Public): Students _____ Employees _____ Toilet Facilities _____

Kitchens _____ Gymnasiums _____

Number of Bays if: Car Wash _____ Garage _____ Service Station _____ Car Dealership _____

***ALSO Number of Employees _____

Number of Chairs if: Barber Shop _____ Beauty Shop _____ Attach to Owners Residence? Yes _____ No _____

Number of Banquets or Dinners at Rate of more than three (3) per Quarter if Church _____

~~~~~Business Serving Food May Require a "Grease Trap"~~~~~

***I certify that the information provided above is true and accurate to the best of my knowledge, information and belief, and understand that the Scott Township Authority will verify the number of EDU's and connection fees to be charged to my property. I understand that any discrepancy will be debited or credited to my account.***

\_\_\_\_\_  
Property Owners' Signature

\_\_\_\_\_  
Date

# **Scott Township Authority**

*Resolution's – June 20, 2005 & August 20, 2007*

*Amended - December 21, 2009*

*Amended - November 19, 2012*

*Amended - August 11, 2015*

## **EDU APPLICATION**

### **Office use only**

**Multiply EDU's x \$2,000.00 = Tapping Charge – Effective 6-20-2005**

\_\_\_\_\_ x \$2,000.00 = \$ \_\_\_\_\_  
# of EDU'S Tapping Charge (s)

**Connection Charge = \$500.00 for each connection**

\_\_\_\_\_ x \$500.00 = \$ \_\_\_\_\_  
# of Connection (s) Connection Charge (s)

**Bloomsburg Capacity Fee = \$1,600 for each EDU – Effective 8-11-2015**

\_\_\_\_\_ x \$1,600.00 = \$ \_\_\_\_\_  
# of Capacity Fee's Capacity Charge (s)

**Equipment Fee = 's \$410.00 – Effective 11-19-2012**

*Meter - \$260.00*

*Radio Read \$150.00*

**(to be charged to all residents who are not on "TOWN WATER")**

**Amount of check enclosed \$ \_\_\_\_\_**

**Check # \_\_\_\_\_**