



**BUILDING SEWER PERMIT APPLICATION FOR
CONSTRUCTION AND CONNECTION OF THE BUILDING SEWER
4225 Easton Ave, Bethlehem Pa. 18020**

Part I General Information (Applicant please fill out I and II)

Part II

Part III (Dept Use Only)

Name of Applicant _____	Telephone No. _____
Address of Applicant _____	Zip Code _____
Site Address _____	Tax Map # _____
Subdivision _____	Lot # _____
Contractor _____	Reg # _____
<u>Type of Establishment</u> <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial _____ Gal / Day (Residential = 250)	
<input type="checkbox"/> New Structure <input type="checkbox"/> New Sewer <input type="checkbox"/> Existing Structure <input type="checkbox"/> Repair Sewer	
<u>Type of Water</u> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____	

Complete this portion if replacing an existing on lot disposal system (Check all applicable)
<u>Primary Treatment</u> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank <input type="checkbox"/> Other
<u>Status of Tank</u> <input type="checkbox"/> Pumped <input type="checkbox"/> Destroyed <input type="checkbox"/> Tank Failure <input type="checkbox"/> Abandoned <input type="checkbox"/> Remain Active
<u>Status of Secondary Treatment</u> <input type="checkbox"/> Surface Failure <input type="checkbox"/> Line Surcharge <input type="checkbox"/> Slow Percolation <input type="checkbox"/> Broken Line <input type="checkbox"/> Blocked Line (s)

<u>Special Conditions</u> Street Opening Required _____ Yes _____ No _____ Escrow Required _____ Amount if any _____ Other Permits Required _____ Yes _____ No _____
<u>Site Evaluation</u> Service Lat _____ Main Size _____ Collector _____ Interceptor _____ City Interceptor _____ Street _____ Monitor _____ Tap _____ Row _____ Curb c/o _____ Lateral _____
<u>Fee's</u> Permit Fee \$ _____ Tapping Fee \$ _____ Authority / Township Connection Fee \$ _____ Utility Fee \$ _____ Other \$ _____ Total \$ _____ Permit # _____ Issued _____ Denied _____ Date _____

Applicant Remarks

Township Remarks

The above info is true & correct to the best of my knowledge. Submission of this application grants authorized representatives of the township access to the lot to inspect and conduct tests of the system under construction, and the completed system installed under this permit.

Applicant Signature _____ Date _____

The Above info is true & correct to the best of my knowledge

Township Official _____ Date _____