<u>Cecil Township Municipal Authority</u> <u>Non-Residential Application For Sewer Connection Permit</u>

Date Reviewed:	Date:				
Current Address: (Street) (City) (State) (Zip) Location of Property: (Development) (Lot#) Service Address: (Street) (City) (State) (Zip) Type of Water Service: Public Well Cistern Other Will this be rental property: Yes No_ If Yes, tenant name: Billing Address (If Different From Service Address): (Street) (City) (State) (Zip) General Contractor Name: Phone#: Address: (Street) (City) (State) (Zip) Phumbing Contractor (Building Sewer): Phone#: Contact for Sewer Related Issues Submission of this application represents your acceptance of the following terms: 1. Permits are not refundable 2. Tapping fees must be paid when submitting this application Signature of Owner: This permit is granted pursuant to Cecil Township Ordinance NO 2-84. All work must be done in accordance with the blans and specifications and the Rules and Regulations of the Authority. Installation made under this permit must be nispected prior to back filling. For inspections call 724-746-4848 at least 24 hours in advance. Or CTMA Use Only: Single Family Multi-Family Commercial Date Reviewed: Vatershed: BR_SP_CB_ TEO_ Millers Run Morganza Road Ooustruction documents provided: Yes No Waived Documents satisfactory: Yes No Resubmit paic: Paic: Parcel ID: (City) (State) (Zip)	Applicant:				
Location of Property:	Property Owner Name:		Phone#		:
Location of Property:	Current Address:				
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Type of Water Service: Public Well Cistern Other	Location of Property:(Development)	Paro	cel ID:		
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Plumbing Contractor (Building Sewer):Phone#:	General Contractor Name:		_ Phone#:		
Plumbing Contractor (Building Sewer):Phone#:	Address:				
Contact for Sewer Related Issues Phone#:	(Street)	(City)	(State)		(Zip)
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ermit Fee\$Check#	Construction documents provided: Yes No Documents satisfactory: Yes No	WaivedResubmit			
eview Comments: (see Attached)	ermit Release authorization:	Date:			
	Review Comments:	(see Attached)			

APPLICATION FOR SANITARY SEWER CONNECTION NON-RESIDENTIAL CUSTOMERS

ADDITIONAL INFORMATION NEEDED FOR CALCULATION OF TAP-IN FEES

2.	The size and area of the building sq footage
3.	Number of restrooms
4.	Number of kitchen facilities
5.	Estimate of average daily water consumption
6.	If manufacturing facility annual estimate of water used
7.	A full description of any industrial waste to be discharged
8.	A description of any and all types of solutions and/or solvents that will be utilized in the operation of this business