

CECIL TOWNSHIP MUNICIPAL AUTHORITY

**APPLICATION FOR RESIDENTIAL
SANITARY SEWER CONNECTION**

OWNERS NAME _____
ADDRESS _____
TELEPHONE NUMBER _____

CONTRACTOR NAME _____
ADDRESS _____
TELEPHONE NUMBER _____

FOR:

(Description of work to be done)

AT:

(Property Address)

This permit is granted pursuant to Cecil Township Ordinance No. 2-84. All work must be done in accordance with the plans and specifications and the Rules and Regulations of the Authority. **INSTALLATION MADE UNDER THIS PERMIT MUST BE INSPECTED PRIOR TO BACK-FILLING. FOR INSPECTIONS CALL 724-746-4848 AT LEAST 24 HOURS IN ADVANCE.**

I HEREBY AGREE TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF OFFICIAL ORDINANCES, RULES, RATES AND REGULATIONS PERTAINING TO THE WORK INVOLVED UNDER THIS PERMIT.

DATE: _____

APPLICANT'S SIGNATURE _____

CONTRACTOR SIGNATURE _____
(IF OTHER THAN APPLICANT)

PLEASE PROVIDE A SKETCH OF THE PROPOSED CONNECTION