

Water and/or Sewer Connection Permit Application Phone: 856-848-2832 FAX: 856-848-2381

TO BE COMPLETED BY APPLICANT		DATE:
BLOCK:		
LOT: PF	ROPERTY LOCATION:	
OWNER OF PROPERTY:		CHECK ALL THAT APPLY: WATER SEWER
VERIFICATION OF FIELD CONDITI	IONS AND ELEVATIO	NS ARE THE RESPONSIBILITY OF THE APPLICANT
PRIOR GRADING PLAN	APPROVAL MUST BE O	BTAINED BEFORE PERMIT APPLICATION
TAPPING OF WA	ATER MAIN DEPENDAN	NT ON PUBLIC WORKS SCHEDULE
AUTHORIZED REPRESENTATIVE (C	ONTRACTOR)	
PRINT NAME:	PHONE NUMBER:	
SIGNATURE:	DA	TE:
TO BE COMPLETED BY WATER & S	SEWER FIELD OPERAT	TIONS
Water connection _SFD 1 unit	X \$1775.00	=
Installation by Applicant (ple	ease check)	
Installation by Borough (please check)		=
Meter Size:		=
• Pit Required? Yes	No	=
Sewer Connection <u>SFD 1 unit</u>	X \$1860.00	=
Installation by Applicant (please check)		=
Authorized by:		TOTAL:
Applicant to obtain a local str	eet opening from the (Clerk's Office & supply copy
Applicant to obtain a Sanitary	Sewerage Connection	Fee Permit from the GCUA & supply copy
Applicant to obtain a County or State Highway street opening permit & supply copy (if applicable)		
TO BE COMPLETED BY REVENUE AND FINANCE DEPARTMENT		
ate Issued: Date of Expiration (1 year):		

Signature: