



Lehighon Borough
1 Constitution Avenue
P. O.Box 29
Lehighon, PA 18235
Phone: 610-377-4002
Fax: 610-377-6638
www.lehighonborough.com

SEWER CONNECTION
PERMIT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION -- IF NOT APPLICABLE, WRITE "N/A"
INCOMPLETE INFORMATION MAY DELAY PERMIT APPROVAL

LOCATION OF BUILDING

Address

Zoning District:

Parcel No.:

PROPERTY OWNER/MANAGEMENT COMPANY

Name & Company:

Address (Including City, State, ZIP)

Phone:

Cell:

Fax:

Email:

CONTRACTOR

Name & Company:

Address (Including City, State, ZIP)

Phone:

Cell:

Fax:

Email:

Workers Compensation form: Attached



On File



Certificate of Insurance: Attached



On File



PROPOSED WORK ** TRACER WIRE REQUIRED**

Sewer Repair/Replacement:



New Sewer Connection (must submit approval from Lehighon Sewer Authority):



Type of Material Used:

Size of Pipe Used:

Number of Clean Outs Installed & Location:

Please Note: Cannot be in the Right-of-Way

Grinder Pump: YES



No



Other Information/Work done in Right-of-Way?:

Estimated Cost of Construction:

An Equivalent Dwelling Unit shall be defined as 262.5 gallons per day. The Sewer Connection rate is \$4,000 per EDU

of EDU's Requested: _____ Residential: _____ Commercial: _____

Estimated Gallons Per Day: _____

If application is for Sewer Repair/Replacement, the Borough of Lehighton will bill for manpower, equipment and materials.

APPLICANT 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/her authorized agent. I also certify that all information on this application is correct and will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional building code requirements adopted by Lehighton Borough in Chapter 185 of Borough Ordinances.

I understand that an application for a Sewer Inspection Permit and payment of the permit fee does not constitute issuance of a permit and permission to start the job. No work may start until the permit application has been reviewed, approved, and processed, and the Permit is issued.


Finally, the attached sewer drawing/sketch will be submitted at the time of sewer inspection.

Printed Name & Company: _____

Applicant's Signature: _____ Date: _____

INSPECTIONS REQUIRED PRIOR TO FILLING IN THE HOLE, INCLUDE BUT ARE LIMITED TO:

Backfill screenings or sand 6" under and 6" over pipe minimum



Pressure test required - 5 psi air or water 10' head

For Office Use Only:

<input type="checkbox"/> Application Received	Date: _____	
<input type="checkbox"/> Payment Received	Date: _____	Cash _____ Check # _____
<input type="checkbox"/> Approved by Lehighton Sewer Authority	Date: _____	
<input type="checkbox"/> Approval Letter/Permit:	Date: _____	Permit # _____
<input type="checkbox"/> Distribute to : <input type="checkbox"/> Borough Manager		
<input type="checkbox"/> <input type="checkbox"/> Borough Engineer		
<input type="checkbox"/> <input type="checkbox"/> Zoning Officer		
<input type="checkbox"/> <input type="checkbox"/> Public Works Supervisor		
<input type="checkbox"/> Connection Complete and Inspected	Date: _____	Public Works Supervisor Signature: _____
<input type="checkbox"/> Distribute to Utility Office	Date: _____	
<input type="checkbox"/> Sewer Rental Fee Assessed	Date: _____	



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SEWER DRAWING


Property Location: _____

Property Owner and Email Address: _____

Contractor's Company and Email Address: _____

Date: _____ Permit # _____

Sewer (Repair): 

Sewer (New): 

Must be a profile sketch showing length of pipe, app proposed bends, cleanouts and pipe material

SCALE: 1/4" - 10 feet

SKETCH OF SEWER LOCATION