Upper Saucon Township

Application for Sanitary Sewer Service User Permit

Billing Acct. No _____

Sewer Permit No. S-_____

Building Permit No. _____

Application Date _____

Final Inspection _____

Sewer Connection Fee $_____

Customer Services Fee $_____

Tapping Fee $_____

Total Fee $_____

Check No. _____

Property Address _____

PROPERTY OWNER _____

Mailing Address _____

_____

Telephone _____

CONTRACTOR

Name _____ Master Plumber □ Yes □ No Telephone _____

Address _____

As required under Section 4.2 of Upper Saucon Township Ordinance No. 42-L, I (We) hereby make application to connect the building drain at the Property Address above to the sanitary sewer system owned by Upper Saucon Township Municipal Authority (USTMA) and operated by Upper Saucon Township (UST).

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