

Lewisburg Area Joint Sewer Authority

Application for connection

_____ Date

To: Lewisburg Area Joint Sewer Authority
Lewisburg, Pennsylvania

(I/We) hereby make application for permit to connect with the **LEWISBURG AREA JOINT SEWER AUTHORITY** sewer. The following facts are given as a basis for the permit:

1. The building (has/will have) _____ stories and _____ rooms.
2. It (is/will be) used as a _____
(dwelling, factory, business)
3. There (are/will be) _____ people living or working in the building.
4. The building is located at _____
No. Street
(Borough of Lewisburg) (East Buffalo Township)
 - a. The Property is bounded on the North by _____
On the East by _____
On the South by _____
On the West by _____
5. The source of water is _____
2. Name of general contractor _____
3. Name of contractor who will be responsible for sewer installation.

(I/We) have read the Rules and Regulations of the **LEWISBURG AREA JOINT SEWER AUTHORITY** and agree to be bound by them, and warrant that (I am/ We are) the legal owner(s) of the above described property.

Enclosed is cash/check/money order in the amount of \$ _____ in payment of the sewer Connection Fee, Tapping Fee, Inspection Fee, and Saddle Installation Fee.

_____ Owner

_____ Owner

(I/We) have read the Rules and Regulations of the **LEWISBURG AREA JOINT SEWER AUTHORITY** and as contractor or sub-contractor on the building to which this permit refers, (I/We) agree to be bound by them.

If signer is an individual use this signature block.

Print name exactly as it appears in the signature and enter the date of signature.

Print Name

Sign here

DATE: _____

(Seal)

If signer is an individual trading under a fictitious name or represents a partnership, use this signature block.

Print name exactly as it appears in the signature, give the business title of the signer, print the precise business name, and enter the date.

Print Name

Sign here

Title

Business or Partnership Name

DATE: _____

(Seal)

If signer is a Corporation, use this signature block.

Fill in corporate name, sign, attest, date and affix the corporate seal.

Precise Corporate Name

BY _____
President or Vice President

DATE: _____

ATTEST:

Secretary or Assistant Sec.

(CORPORATE SEAL)

DATE: _____

DATED _____

Application accepted and approved
LEWISBURG AREA JOINT SEWER AUTHORITY

By _____