

Lewisburg Area Joint Sewer Authority

Application for sewer repair permit

_____ Date

To: Lewisburg Area Joint Sewer Authority
Lewisburg, Pennsylvania

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

1. The building is located at _____.
House or Lot No. Street

(Borough of Lewisburg) (East Buffalo Township) (Buffalo Township)

a. The Property is bounded on the North by _____
On the East by _____
On the South by _____
On the West by _____

2. Name of owner _____

3. Name of general contractor _____

4. Name of contractor who will be responsible for sewer repair.

(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) or owner(s) authorized representative of the above described property.

Owner or Auth. Rep.

Owner or Auth. Rep.

(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

(Seal)

DATE: _____

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

(Seal)

Title

Business or Partnership Name

DATE: _____

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 _____