

EAST BERLIN AREA JOINT AUTHORITY

PO BOX 37; EAST BERLIN, PA 17316

Sewer Connection Permit

Permit Number: _____

Municipality: _____

Name: _____

Address: _____

Phone: _____

Dwelling Use:		
Billing Units:	Residential	Non-Residential
	() Single	() Commercial
	() Multi	() Industrial
		() Other

Fees:	Date Paid	Amount
Tapping Fee	_____	\$ _____
Inspection Fee	_____	\$ _____

Miscellaneous		
Grease Trap/Oil Interceptor Info	Location: _____	Tank Size: _____
	Description: _____	Installer: _____
Water Meter Received	___ Yes	___ No
		Serial Number: _____

The issuance of this permit is subject to the following conditions: 1. All construction, operations, procedures, discharge, and usage shall be subject to the Authority regulations and Municipal Ordinances. 2. No part of this installation shall be covered until inspection and approval is done by the Authority's representative. 3. Issuance of this Permit shall not relieve the Applicant of any responsibility under any other Municipal, State, or Federal Law requirement.

Applicant: _____

Date: _____

Issued by: _____

Date: _____

Inspected by: _____

Date: _____