



EAST BERLIN AREA JOINT AUTHORITY Permit No.: _____

PO BOX 37
EAST BERLIN, PA 17316

PHONE: 717-259-8370
FAX: 717-259-8372

Water / Wastewater Connection Application

Due to limited sewer capacity and availability of additional sewage loads at the East Berlin Area Joint Authority Sewer Treatment Plant, and pursuant to Ordinance 1 and 2 of 2008 regulating the reservations of sewage service capacity, and requiring property owners to make connections of premises to the EBAJA water system, this application is for use by respective landowners and developers in applying for sewer reservation and water connections with the East Berlin Area Joint Authority.

Date Received: _____

Received By: _____

Project Address: _____

Property Owner: _____ Phone Number: _____

Address: _____

Email: _____

Applicants Name: _____ Phone: _____

Address: _____

Email: _____

Proposed Work: Residential Single Family Non-Single Family Commercial
 Other: _____

New Building: Yes No Type of Application: New Replace / Renew / Alter Existing

Description of Work: _____

Estimated gallons of sewage flows expected daily: _____

Proposed time table for use of public sewer facility: _____

Estimated gallons of water usage expected daily: _____

In addition to the reservation fee collected with this application, the landowner/developer shall be liable for reimbursement of actual expenses incurred by the Authority in the engineering review and request for reservation and for the engineering and legal review in preparation of any reservation agreement. Should the landowner or developer fail to connect with the sewer collection / water system at the end of five (5) years, the initial reservation fees shall be forfeited and landowner/developer will not be entitled to any reimbursement of same. Acceptance of this application is contingent upon Authority approval and upon satisfactory review by the Authority Engineer as to capacity available to accommodate the requested sewer hookup reservation.

Nothing contained in this application shall prevent the Authority from assigning reserved capacity as it sees fit in the best interest of the health, safety, and welfare of the Authority and current Authority customers.

No reservation of capacity shall be deemed given until this application has been reviewed by the Authority Engineer and accepted by the East Berlin Area Joint Authority.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. The applicant agrees that no part of this installation shall be covered until inspection and approval is completed by the Authority's representative.

Signature: _____ Date: _____

Official Use Only:

Reviewed By: _____ Date: _____
Authority Engineer

Accepted By: _____ Date: _____
East Berlin Area Joint Authority Representative

APPROVED RESERVATION FEE DEPOSIT RECEIVED Amount: _____

DENIED Reason: _____

Fees per Equivalent Dwelling Unit (Single Family/Non-Single Family/Commercial)

\$2500.00 Water System Connection
 \$5200.00 Wastewater System Connection
 \$125.00 Inspection

Fees are subject to change. Payment in full is due with application.

Number of EDU's Requested: _____

Total Water System Connection (EDU's x \$ _____): _____

Total Wastewater System Connection (EDU's x \$ _____): _____

Total: _____

Total Due with Application: _____

Total Received: _____

Total Due at or before completion of the project: _____

***** Official Use Only *****

Deposit Received: YES Check number: _____ No

Received by: _____ Date: _____

Water Meter Received: YES attach specifics NO Date: _____

Grease Trap Needed: YES attach specifics NO

Oil Interceptor/Separator Needed: YES attach specifics NO

Inspection Upon Completion of Project: PASS FAIL Reason: _____

Inspected by: _____ Date: _____

Inspection Fee Collected: YES Check No.: _____ NO Date: _____