



North Wales Borough
 300 School Street
 North Wales, PA 19454
 Phone: 215-699-4424
 Fax: 215-699-3991
www.northwalesborough.org

Sewer Lateral Permit Application

Permit Fee: \$80.00 + \$4.50 UCC Fee = \$84.50

Date Received: ____ / ____ / ____

Form of Payment: _____

Received by: _____

PERMIT #	BUILDING PERMIT #	DATE ISSUED:	
LOCATION OF BUILDING			
Address:			
Parcel No.: 14-00-	Block / Unit No.:	Zoning District:	
PROPERTY OWNER / MANAGEMENT COMPANY			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
LESSEE / TENANT			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
CONTRACTOR			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
Workers Compensation Form: Attached	On File	Certificate of Insurance: Attached	On File
PROPOSED WORK			
Sewer Repair/Replacement:	New Sewer Connection (must submit approval from North Wales Water Authority):		
Type of Material Used:			
Size of Pipe Used:			
Number of Clean Outs Installed & Location: Please Note: Cannot be in the Right-of-Way			
Grinder Pump: Yes	No	Existing Septic Tank: Yes	No
Estimated Cost of Construction:			

APPLICANT CERTIFICATION

"I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that all information on this application is correct and will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by North Wales Borough.

I understand that an application for a Sewer Inspection Permit and payment of the permit fee does not constitute issuance of a permit and permission to start the job. No work may start until the permit application has been reviewed, approved, and processed, and the Permit is issued.

Finally, you must contact North Wales Water Authority (215-699-4836) to schedule a sewer lateral inspection. The attached sewer drawing/sketch will be submitted at the time of sewer inspection.

Printed Name & Company:

Applicant's Signature:

Date:

INSPECTIONS REQUIRED PRIOR TO FILLING IN THE HOLE, INCLUDE BUT ARE LIMITED TO:

- 1. BACKFILL SCREENINGS OR SAND 6" UNDER AND 6" OVER PIPE MINIMUM
- 2. PRESSURE TEST REQUIRED - 5 PSI AIR OR WATER 10' HEAD



OFFICE USE ONLY

Approved by:

Date:

Comments:

Multiple horizontal lines for entering comments.

SEWER DRAWING - REQUIRED AT TIME OF INSPECTION

Property Location:

Permit #

Sewer Repair/Replacement:

New Sewer Connection:

Scale: 1/4" = 10 feet

SKETCH OF SEWER LOCATION

