

**SEWER LATERAL or LATERAL REPAIR**

EAST ROCKHILL TOWNSHIP  
1622 Ridge Road, Perkasie, PA 18944  
215-257-9156 fax 215-257-1299  
[www.EastRockhillTownship.org](http://www.EastRockhillTownship.org)  
[Staff@EastRockhillTownship.org](mailto:Staff@EastRockhillTownship.org)

Premises to be connected:

**Tax Parcel:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

**REGISTERED Master Plumber Performing Work:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Building Drain Size: \_\_\_\_\_

Pipe Material: \_\_\_\_\_

It is understood and agreed that the property owner has elected to install a SEWER service and that same will be installed at the sole expense of the property owner with no cost attaching to East Rockhill Township. The installation shall be made by a utility contractor.

It is also agreed that the Township shall be the sole owner of the sewer services constructed from the main line to the property line/curb after it has been approved by the Township.

APPLICANT or PROPERTY OWNER MUST CONTACT THE TOWNSHIP to schedule an appointment for the inspection of the installation of the service(s) a minimum of 48 hours before construction begins.

\_\_\_\_\_  
*Property Owner Signature*

\_\_\_\_\_  
*Date*

FOR OFFICAL USE ONLY	
Date Received: _____	Account No. _____
Plumbing Registration No. _____	
VACINITY of SEWER CONNECTION: _____	
APPOINTMENT SCHEDULED	
Date: _____	Time: _____
Connected Date: _____	Approved: _____