

APPLICATION FOR SANITARY SEWER SERVICE

EAST ROCKHILL TOWNSHIP, BUCKS COUNTY

1622 N. Ridge Road, Perkasié, PA 18944

Phone (215) 257-9156 Fax (215)257-1299

staff@eastrockhilltownship.org

In accordance to the 2008 East Rockhill Township Fee Schedule as adopted by Resolution No. 2008-02, as amended heretofore, a Sewer Extension/Service Request is subject to a \$75.00 fee for review and consideration of the request. (Checks to be made payable to East Rockhill Township)

TAX PARCEL ID: _____

Last Name: _____ First Name: _____ M.I.: _____

Service Address: _____

Billing Address: _____

Home Tel. #: _____ Work Tel. #: _____ Cell #: _____

Existing Dwelling Vacant Lot:

Actual Use of Property: (e.g. single family residential, retail sales, auto repair, restaurant, etc.)

Name and Address of the contractors or professionals involved with the design or installation:

Date Service Requested: _____

Size of connection requested: (4", 6", other): _____

Written Description of proposed project: _____

APPLICATION SKETCH FOR SANITARY SEWER CONNECTION: Please attach sketch

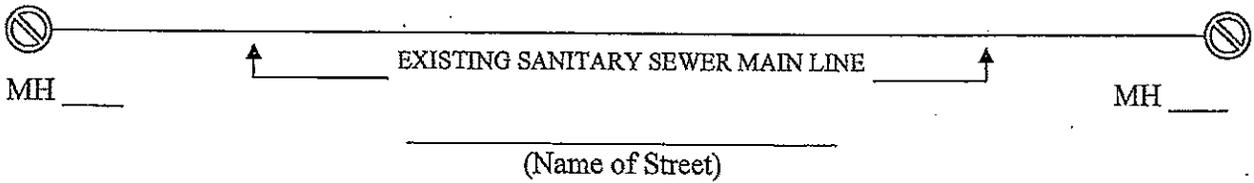
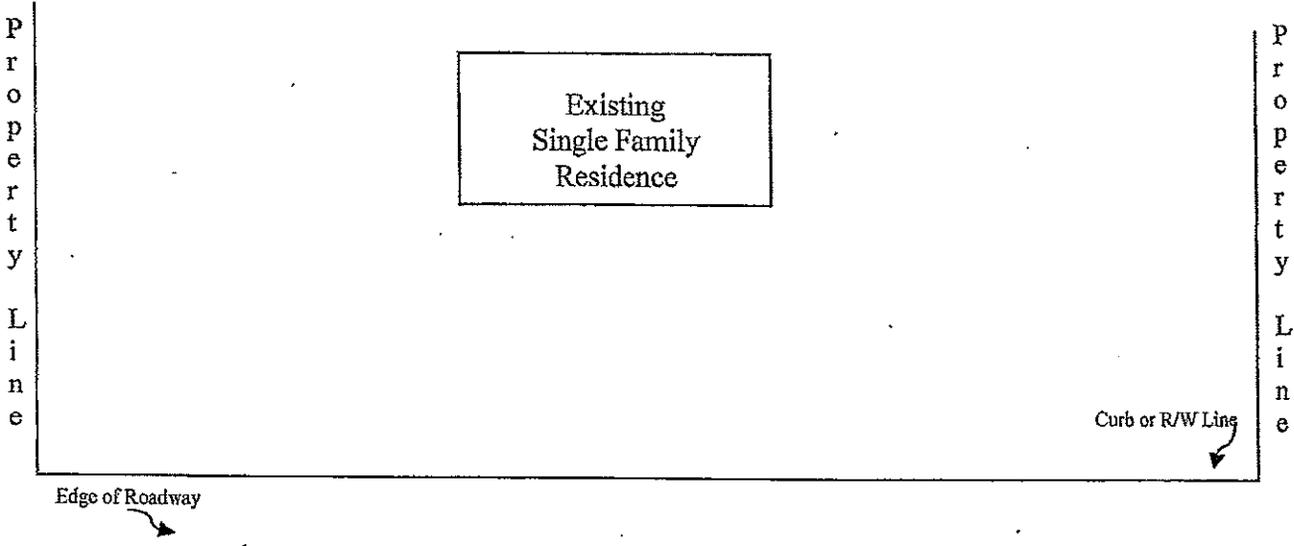
PROFESSIONAL SERVICES CONTRACT REQUIRED: Please attach executed contract.

NOTE: THIS IS A SEWER SERVICE/EXTENSION REQUEST FOR REVIEW. THIS IS NOT A PERMIT FOR CONNECTION TO THE EAST ROCKHILL TOWNSHIP SEWER SYSTEM. ADDITIONAL PERMITS, FEES AND LICENSES APPLY PRIOR TO CONNECTION.

**APPLICATION SKETCH
FOR
SANITARY SEWER CONNECTION
(To Be Attached To Application)**

NAME & ADDRESS OF OWNER

ADDRESS OF PROPERTY
(If same as owners indicate "same")



Show Exact Sewer Service Connection Layout to Include:

1. Location dimensions and depths.
2. Lengths and type of pipe to be used including fittings
3. Distance of new connection to nearest manhole
4. Location of double vented running trap, lateral end (if existing) etc.

Notes:

1. All work to conform to East Rockhill Township Regulations and Specifications
2. Minimum cover 4'-0" over sanitary sewer piping
3. Minimum grade 1/4" per ft.