

WEST NORRITON TOWNSHIP
SANITARY SEWER
CONNECTION APPLICATION

SECTION A - PAGE 1 OF 3 - (INSTRUCTIONS)

1. The West Norriton Township sanitary sewer service connection application form must be completed and submitted to the Township-Sewer Department for all proposed new sewer connections, increased capacity of existing sewer service or any change in the type of sewage discharge.
2. If a planning module is required by the Township, one (1) copy must be submitted with this application.
3. All applications submitted to the Township's Sewer Department must include the application fee, inspection fee and tapping fee as listed below:

APPLICATION FEE:	\$ 100.00
REVIEW/INSPECTION FEE:	\$ 500.00
TAPPING FEE: RESIDENTIAL	\$2,739.56 (per unit/per EDU)
TAPPING FEE: COMMERCIAL/INDUSTRIAL	\$2,739.56 (per EDU/ initial payment)

Payment for all requested E.D.U.'s is required at time of Application.

Commercial/Industrial applicants are hereby advised that an additional tapping fee charge may be assessed by the Township prior to issuing approval. The actual tapping fee charge will be determined by the Township Manager following review of the sewer connection application by the engineer. The Township will withhold connection approval until the tapping fee, as determined by the Township Manager, has been paid in full to the Township.

Developers applications are directed to the instruction section "FOR DEVELOPERS ONLY" for additional information.

4. An applicant whose application is reviewed and rejected by the Township Manager will be notified by mail at the address listed for the applicant in the application. Notice of rejection shall include a refund of tapping fees and inspection fees for all rejected connections. The application fee is non-refundable.

*Deposit against total review/inspection fees. Applicant is responsible for any and all costs that exceed \$500.00 deposit.

Revised 05/11/2016

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5. The applicant is entitled to submit revisions to an application. The revisions must be on a newly completed application form with clear reference to the original application number. A revision to the application must include an additional application fee. Revisions will not extend the original approval period set by the original application date.
6. The engineer shall review and recommend whether the said application should be approved or disapproved, and notify the Manager of his decision, in writing, within thirty (30) days of the date of filing thereof.
7. The Township shall review the Engineer's recommendation and make a decision to approve or disapprove the application for sewer connection.
8. The applicant must complete, sign and date each sheet of SECTION B prior to submission to the Township.
9. Each application must include two (2) complete sets of drawings and associated documents which clearly define routing, proposed tie-in location, orientation, elevations, etc. of structures to be connected for sewer service. All documents must indicate the application number. Note: Drawings and documents become the property of West Norriton Township and are not returnable.
10. Retain SECTION A and submit the completed SECTION B and accompanying documents and fees to:

West Norriton Township
Sewer Department
1630 West Marshall Street
Jeffersonville, PA 19403
(610) 631-0450

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11. Inquiries should be addressed to the Township's consulting engineer.
12. Approved applications require inspection by the Township's engineer at time of connection. The applicant is required to notify the engineer in writing five (5) days prior to connection for inspection purposes.

Failure to provide the required five (5) day notice prior to connection shall be sufficient to void the Township's approval for sewer connection. Connection to the Township's sewer collection system, without prior five (5) day written notice to the engineer, shall be disconnected, as directed by the engineer, at the applicants' expense.

13. The applicant is required to obtain all necessary authorizations to route the proposed sewer service line through all properties owned and/or governed by owner and/or state/local agencies prior to submitting a sewer connection application. The applicant is required to submit proof of all required authorizations with the sewer connection application.
14. Rejected field installation work will require payment to the Township of an additional inspection fee prior to re-inspection.

FOR DEVELOPERS ONLY

1. When a valid escrow agreement has been established between a developer (applicant) and West Norriton Township for sanitary sewer improvements and where laterals have been installed to the right-of-way line of the roadway during installation of the sewer main; the inspection fee is waived.
2. A plan is required to be submitted with the connection application form which indicates the number of units and addresses requested for service connections listed in this application.

WEST NORRITON TOWNSHIP
SANITARY SEWER CONNECTION APPLICATION

APPLICATION # _____
(FOR TOWNSHIP USE)

DATE APPLICATION RECEIVED:
(FOR TOWNSHIP USE)

SECTION B - PAGE 1 OF 3 - (To be completed by applicant)

APPLICANT: Name _____

Address _____

_____ Zip _____

Phone No. (8AM to 5PM) _____

OWNER: _____ **(Check here if same as applicant)**

OWNER: Name _____

Address _____

_____ Zip _____

SERVICE CONNECTION REQUESTED

Date service is requested ____/____/____

Property Location (Address, Lot #, etc.) _____

Tax Parcel No. _____

(Applicant's Signature)

(Date)

WEST NORRITON TOWNSHIP
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APPLICATION # _____
(FOR TOWNSHIP USE)

SECTION B - PAGE 2 OF 3 - (To be completed by applicant)

Intended Use: Based on Table of EDU Equivalencies

Residential_____	# of EDU's
Office_____	#Employees_____ # of EDU's
Retail Store_____	#Employees_____ # of EDU's
Motel/Hotel_____	#Rental Rooms_____ # of EDU's
Restaurant_____	#Customer Seats_____ # of EDU's
Laundry_____	#Machines_____ # of EDU's
Hair Dresser_____	#Chairs_____ # of EDU's
Car Wash_____	#Bays_____ # of EDU's
Schools_____	#Students/ Staff_____ # of EDU's
Other (Describe)_____	# of EDU's
	_____ Total EDU's

_____ Total EDU's X 285/gpd=_____ Projected Flow Rate

Describe Intended Use _____

(Applicant's Signature)

(Date)

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APPLICATION # _____
(FOR TOWNSHIP USE)

SECTION B - PAGE 3 OF 3 - (To be completed by applicant)

of Connections: _____ New Connection: Gravity Pressure
PLEASE CIRCLE

Remarks: _____

Amount Paid with Application Submission:

Application Fee \$ 100.00
Review/Inspection Fee \$ 500.00
Tapping Fee** _____ X \$2,739.56/per EDU = \$ _____
Total Paid \$ _____

Check No _____

List All Attached Documents:

(Applicant's Signature)

(Date)

** # of EDU's

WEST NORRITON TOWNSHIP
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SECTION D (Field Inspection - By Engineer)

APPLICATION # _____

DATE OF CONNECTION ____/____/____

INSPECTED BY: _____

FIELD INSTALLATION: _____ APPROVED _____ REJECTED

Remarks: _____

Consulting Engineer

Date

FIELD SKETCH

SANITARY SEWER CONNECTION APPLICATION
FOR TOWNSHIP USE ONLY

<u>Amount Received</u> <u>W/Application</u>		<u>Net Amount</u> <u>Required</u>	
Application Fee:	\$100.00	Application Fee:	\$100.00
Review/Inspection Fee:	\$500.00	Review/Inspection Fee:	\$500.00
Tapping Fee:	\$_____	Tapping Fee:	\$_____
Total Received:	\$_____	Total Required:	\$_____

Date Applicant Notified: ____/____/____

Date Remaining Fees _____ Received _____ Refunded ____/____/____

_____ Cash _____ Check No. _____
(Amount) (Amount)