

**SALFORD TOWNSHIP**  
 139 Ridge Road, Tylersport, PA 18971  
[www.salfordtownship.com](http://www.salfordtownship.com)

**PERMIT APPLICATION FOR PUBLIC SEWER CAPACITY**

**I. PROPERTY INFORMATION:**

ADDRESS/LOCATION OF PROPERTY:		PARCEL #								
TYPE OF IMPROVEMENT:  <input type="checkbox"/> Sewer Lateral	PROPOSED USE:  <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;"><u>Residential</u></td> <td style="padding: 5px;"><u>Non-Residential</u></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1 family</td> <td style="padding: 5px;"><input type="checkbox"/> Commercial</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 2 or more families</td> <td style="padding: 5px;"><input type="checkbox"/> Industrial</td> </tr> <tr> <td style="padding: 5px;">_____ # of EDU units</td> <td style="padding: 5px;"><input type="checkbox"/> Institutional</td> </tr> </table>		<u>Residential</u>	<u>Non-Residential</u>	<input type="checkbox"/> 1 family	<input type="checkbox"/> Commercial	<input type="checkbox"/> 2 or more families	<input type="checkbox"/> Industrial	_____ # of EDU units	<input type="checkbox"/> Institutional
<u>Residential</u>	<u>Non-Residential</u>									
<input type="checkbox"/> 1 family	<input type="checkbox"/> Commercial									
<input type="checkbox"/> 2 or more families	<input type="checkbox"/> Industrial									
_____ # of EDU units	<input type="checkbox"/> Institutional									
Estimated Connection Date:	Will changes be made to internal plumbing? If yes, 3 <sup>rd</sup> party UCC inspections will also be required.									

**II. OWNER INFORMATION:**

First Name	Last Name or Business Name	Phone #	
Mailing Address	City	State	Zip

**III. CONTRACTOR INFORMATION:**

Company Name		Phone #	
Contact Name		Fax #	
Address		Email	
City, State, Zip		HIC #	

**IV. COST:**

Total amount to be submitted with application to reserve sewer capacity:

PERMIT FEE	\$ 150.00 (payable to Salford Township Sewer Fund)
TAPPING FEE (per EDU)	\$4207.00 (payable to Salford Township Sewer Capital Fund)

Upon signing this application, Applicant agrees to pay the debt service charges or rental charges established by the Township in advance of service; and the Applicant and the Township hereby agree to comply with all provisions of Salford Township Ordinance #151 which is incorporated herein by reference, and which Ordinance may be amended from time to time by the Township. Applicant further agrees to be responsible for all work and costs of connection of the subject parcel to the Township public sewer system. Upon actual connection to the sewage system, Applicant agrees to conform to all rules and regulations set forth by Salford Township, the Montgomery County Health Department, and Pennsylvania or Federal Departments of Environmental Protection having jurisdiction. The EDU, once approved by the Township stays with the parcel(s) identified above and must be transferred to a new owner of said parcel. The cost of connection, including all laterals is the responsibility of the property owner. Connections to the sewer system must comply with all Township rules, regulations and resolutions.

The Township has the unrestricted right to use all sewer impact fees from the Applicant under this Agreement for construction, capital improvements and additions, maintenance and/or security relation to the Salford Township sewage collection system and said sewer impact fee payments paid hereunder are non-refundable. Applicant is not guaranteed and does not acquire any vested right in any zoning use or approval of any kind or in the issuance of any permits or approvals or building permits for the property which is the subject of this Agreement. This Agreement and this obligation shall be binding upon the parties hereto; their heirs, successors and assigns.

Applicant Signature \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_

**SALFORD TOWNSHIP**

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Approved       Denied  
 Date: \_\_\_\_\_

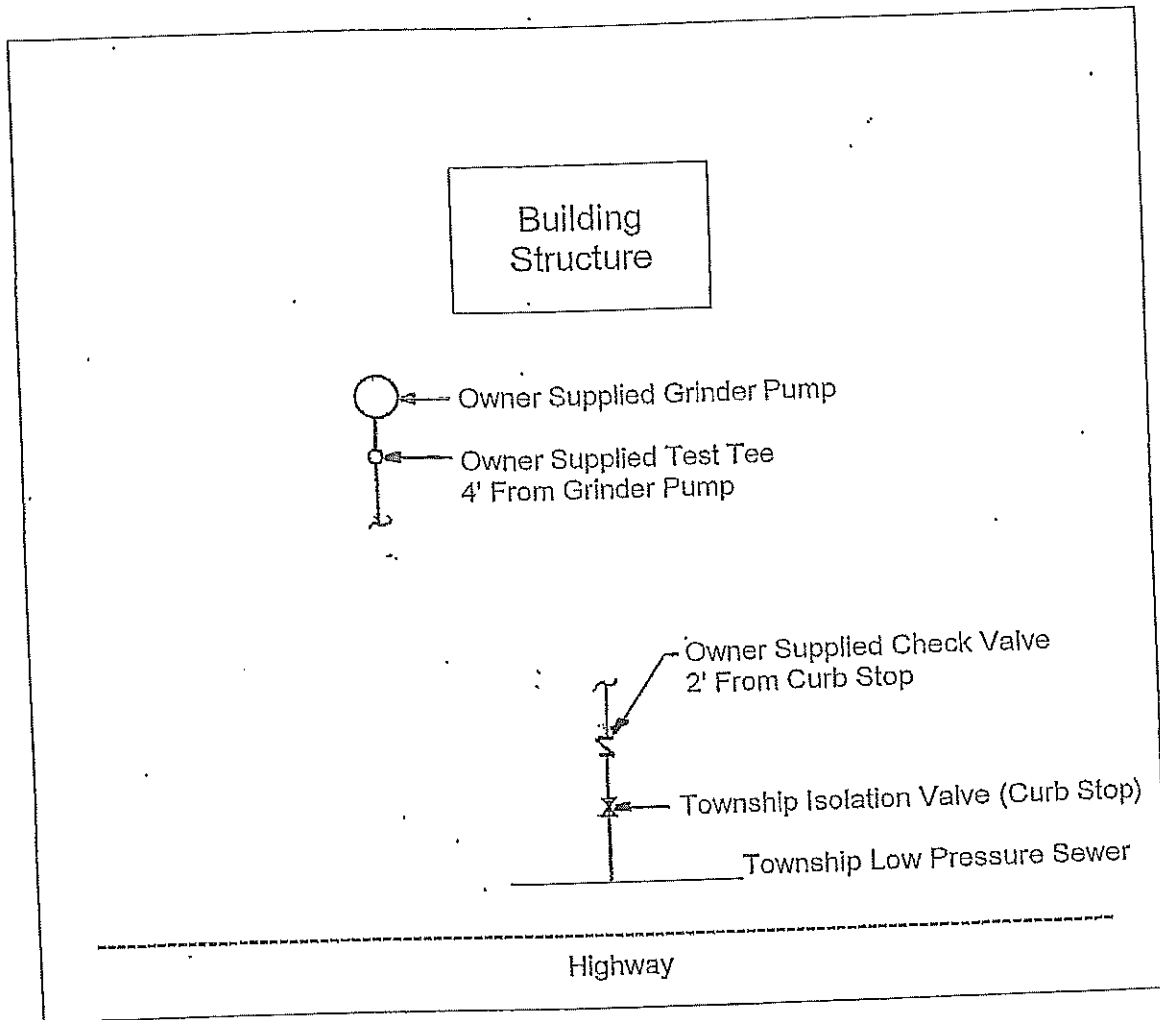
Township Use	
Date Paid	
Check #	
Amount	
Permit #	
Account #	
Date entered for billing	
Type & Model # of grinder pump	

**FINAL INSPECTION APPROVAL**

By: \_\_\_\_\_  
 Date: \_\_\_\_\_

Salford Township  
Sewer Lateral Permit Plan

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_



The following information shall be provided by the contractor on this form and/or attached to this form:

Gravity Bldg Sewer: Size & Pipe Material:	
Grinder Pump Tank: Size & Materials:	
Grinder Pump: Type, Manuf. & Model No:	
Pres. Sewer from Pump: Size & Pipe, Mat:	
Check Valve at Highway ROW: Size, Manufacturer & Model No:	

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

Signature: \_\_\_\_\_

I, the Contractor state that all materials and work will comply with Salford Twp ordinances, specifications, and requirements.