

**CARROLL TOWNSHIP AUTHORITY**  
**PO Box 661, Donora, PA 15033**

**APPLICATION AND PERMIT TO CONNECT TO THE SANITARY SEWER**

**DATE of:** \_\_\_\_\_ **PERMIT No.** \_\_\_\_\_

Property Owner \_\_\_\_\_ Tax Map No. – 130- \_\_\_\_\_  
Property Address \_\_\_\_\_ Street Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
(if different) \_\_\_\_\_  
Water Supply: Private \_\_\_\_\_ Public \_\_\_\_\_

Phone \_\_\_\_\_ Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Type of Building to be Served: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_  
Description if other than Single Family Residential \_\_\_\_\_  
Connection Fee \_\_\_\_\_  
Date of Payment \_\_\_\_\_

Construction to be performed  
By \_\_\_\_\_ self \_\_\_\_\_ contractor  
Contracting Firm expected to be employed \_\_\_\_\_

**Building Sewer Information**

Size \_\_\_\_\_ Material \_\_\_\_\_ Length \_\_\_\_\_  
Special connection requirements \_\_\_\_\_

NOTE: All depths, grades, and distances supplied by the Authority are to be considered approximate. All locations should be verified by excavation prior to construction of the building sewer.

As an applicant for permit to connect to the Carroll Township Sanitary Sewer System, I hereby acknowledge awareness the requirements of the "Rules and Regulations" of the Carroll Township Authority and certify that the building sewer be installed under this permit either by myself or an employed firm shall conform to those requirements.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Application and Permit Received By: \_\_\_\_\_

Upon acceptance of this application the applicant is authorized to construct the building sewer. PERMISSION TO CLOSE THE BUILDING SEWER TRENCH MUST BE NOTED IN WRITING ON THIS – FAILURE TO DO SO MAY RESULT IN REEXCAVATION OF THE TRENCH. – 24 hr. Notice must be given that line is ready for inspection.

Inspection of Building Sewer Connection: Visual \_\_\_\_\_ (Signature of Inspector) \_\_\_\_\_ (Date)  
Airtest \_\_\_\_\_ (Signature of Inspector) \_\_\_\_\_ (Date)

(Permission to Connect to the Township Sanitary Sewer System is hereby Granted)

Permit Issued \_\_\_\_\_, 20 \_\_\_\_ By \_\_\_\_\_  
(For Township Authority)