

**A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION**



Tax Parcel # \_\_\_\_\_  
Date \_\_\_\_\_

**SEWER CONNECTION PERMIT APPLICATION**

*Willistown Township  
688 Sugartown Road  
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

**BUILDING SEWER CONNECTION - APPLICATION - PERMIT - APPROVAL**

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Note:** Bills will be sent to this address unless Township is notified otherwise. If bills are to go to another address, please check here  and attach that address on a separate sheet of paper.

**Type of Building:**

Residence-single family  Residence-multiple  # of units \_\_\_\_\_ Commercial\*  Industrial\*   
\*commercial and industrial users fill out separate information sheet

**Usage:**

Estimated total daily flow in gallons \_\_\_\_\_  
Estimated rate of flow during daily peak usage in gallons per minute \_\_\_\_\_

**Fees:**

Separate Payments (make checks payable to Willistown Township)  
Permit Fee \_\_\_\_\_ Tap in Fee \_\_\_\_\_ Pump Fee \_\_\_\_\_

**Contractor Information:**

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

The undersigned, on behalf of the Owner whose name is set forth above, hereby makes application for a permit to construct a sanitary building sewer for the property whose address is set forth above and to connect to the Township sanitary sewer system.

Owner and Contractor both hereby certify that they have read or are familiar with the Ordinances of Willistown Township and the Rules and Regulations of the Sewer Department of Willistown Township and particularly the regulations pertaining to construction and connection of sanitary building sewers.

The Owner and Contractor both understand that NO WORK IS TO BE COVERED UNTIL INSPECTED, TESTED AND APPROVED and that NO CONNECTION IS TO BE MADE UNTIL PERMISSION IS GRANTED.

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The registered Master Plumber signing this application certifies that the information contained herein is true and correct to the best of his knowledge, information and belief and that he has taken all reasonable steps to verify the accuracy hereof.

Property Owner's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Master Plumber's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

*Please do NOT write below this line*

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

Pipe Tested and Approved \_\_\_\_\_ Date \_\_\_\_\_

Final Inspection-Connection Authorized \_\_\_\_\_ Date \_\_\_\_\_

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Tax Parcel # \_\_\_\_\_  
Date \_\_\_\_\_

**PLUMBING PERMIT APPLICATION**

*Willistown Township  
688 Sugartown Road  
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

PA State Registration # \_\_\_\_\_ Cert Ins \_\_\_\_\_ Liability \_\_\_\_\_ W/C \_\_\_\_\_  
ICC Certification # \_\_\_\_\_ WT Registration # \_\_\_\_\_

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner's Signature** \_\_\_\_\_

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Contractor Information:**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances.**

Contractor's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**1. Description of Plumbing Work & Size of Service** \_\_\_\_\_

\_\_\_\_\_ Existing \_\_\_\_\_ New \_\_\_\_\_

Low Pressure: \_\_\_\_\_ Gravity: \_\_\_\_\_ On Site Septic: \_\_\_\_\_

**2. Attach documentation of proposed work. RISER DIAGRAM MUST BE ATTACHED. (P3005.4) Water distribution calculations may be required. (P2903.7)**

**3. Cost of Improvement/Work** \_\_\_\_\_

*Please do NOT write below this line*

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

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**WILLISTOWN TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA**  
-----  
**EAST CENTRAL SEWER SYSTEM**

Tax Parcel # \_\_\_\_\_  
Date \_\_\_\_\_

I, \_\_\_\_\_ (owner), authorize my  
contractor (name), \_\_\_\_\_ to purchase the following:

Description	Cost
1. Set (tank, pump & control system)	\$ _____
2. Tank	\$ _____
3. Pump	\$ _____
4. Control System	\$ _____

to be installed at:

\_\_\_\_\_ (address), in Willistown Township, PA.

**Note:** Plumbing permit is required, as well as inspection at completion. Please call prior to completion to schedule the inspection.

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Tax Parcel # \_\_\_\_\_  
Date \_\_\_\_\_

**EAST CENTRAL SEWER SYSTEM  
WILLISTOWN TOWNSHIP**

**APPLICATION TO INSTALL LATERAL SEWER SERVICE  
AND/OR SEWAGE GRINDER PUMP SYSTEM**

A copy of the contract between the homeowner and contractor must accompany this application.

**Property Address:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Contractor Information:**

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Fees:**

Plumbing Permit \$ _____	Date Paid _____	Check # _____	Rec'd by _____
Pump Fee \$ _____	Date Paid _____	Check # _____	Rec'd by _____
Permit Fee \$ _____	Date Paid _____	Check # _____	Rec'd by _____
Tap in Fee \$ _____	Date Paid _____	Check # _____	Rec'd by _____

By virtue of placing my signature below, I acknowledge that the following items have been addressed in the contract for the installation of the service lateral and sewage grinder pump: proper compaction in accordance with the specifications and requirements of the manufacturer, electricity connection, telephone connection, proper abandonment of the existing on-lot sewage disposal system in accordance with township regulations and restoration in accordance with the minimum requirements which are raking, seeding and mulch over the service connection trench. I also acknowledge that the permit fee covers two inspections and that any additional inspections will be charged to the homeowner at a rate of \$50 each. The home-owner authorizes the contractor to obtain the sewage grinder pump from the manufacturer.

**Signatures:**

**Property Owner** \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_

Contractor \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_