## **ROSTRAVER TOWNSHIP SEWAGE AUTHORITY**

1744 Rostraver Road, Belle Vernon, PA 15012 (724) 930-7667, FAX (724) 930-9401 (An Equal Opportunity Employer)

## **APPLICATION FOR SANITARY SEWAGE SERVICE CONNECTION**

DATE		
ž –	ations of the Rostraver Township Sewage Authori igned hereby makes application to the Authority	•
LOCATION		
	PHONE NO.	
	TAX I.D. NO.:	
application is submitted in accesservice supplied hereunder, whi is supplied service as provided	rantees to pay the Authority for sewage service ordance with the rates, terms, conditions, rules, a ich shall upon date of this application, or at any tir for herein, currently in effect and as indicated in Service: Two or more parties who joint to make	and regulations applicable to this me during the period the applicant the Authority's rate schedule.
<u> </u>	shall be sent single periodic bills.	
	ed by a tap-in fee in the amount of <b>\$4,750.00</b> . To will be subject to refund. A tap permit is only transferable.	
The applicant is responsible for	r obtaining the plumbing permit, if applicable.	
Number of EDU's (ED rounded to the next highest whole int	DU to be based upon a wastewater flow of 400 gallons per teger).	day upon a 24-hour runoff period and
\$ Tap-in Fee	Paid per EDU	
	Owner	(Signature)
Application Approved and Per	mit Issued for the Authority By:	
Signed		
SignedGary Dilmore, Mana	ger	
District:		
Date:	Permit No.	