

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 _____

Subject to the Rules and Regulations of the Rostraver Township Sewage Authority, which it is agreed, shall form a part of this contract, the undersigned hereby makes application to the Authority for sewage service connection at the premises located at:

LOCATION _____

OWNER: _____ PHONE NO. _____

ADDRESS: _____

LOT NO.: _____ TAX I.D. NO.: _____

The applicant agrees and guarantees to pay the Authority for sewage service at the premises for which this application is submitted in accordance with the rates, terms, conditions, rules, and regulations applicable to this service supplied hereunder, which shall upon date of this application, or at any time during the period the applicant is supplied service as provided for herein, currently in effect and as indicated in the Authority's rate schedule.

Individual Liability For Joint Service: Two or more parties who joint to make application for service shall be jointly and severally liable and shall be sent single periodic bills.

This application is accompanied by a tap-in fee in the amount of **\$ 4,750.00** . This fee becomes the property of the Authority and in no situation will be subject to refund. A tap permit is only for the property location listed above. A Tap Permit is NOT transferable.

The applicant is responsible for obtaining the plumbing permit, if applicable.

Number of EDU' s _____ (EDU to be based upon a wastewater flow of 400 gallons per day upon a 24-hour runoff period and rounded to the next highest whole integer).

\$ _____ Tap-in Fee Paid per EDU

Owner _____ (Signature)

Application Approved and Permit Issued for the Authority By:

Signed _____
Vincent Campbell, Superintendent

District: _____

Date: _____ Permit No. _____