

Cecil Township Municipal Authority
Non-Residential Application For Sewer Connection Permit

Date: _____

Applicant: _____

Property Owner Name: _____ Phone# _____

Current Address: _____
(Street) (City) (State) (Zip)

Location of Property: _____ Parcel ID: _____
(Development) (Lot#)

Service Address: _____
(Street) (City) (State) (Zip)

Type of Water Service: Public ___ Well ___ Cistern ___ Other _____

Will this be rental property: Yes ___ No ___ If Yes, tenant name: _____

Billing Address (If Different From Service Address): _____
(Street) (City) (State) (Zip)

General Contractor Name: _____ Phone#: _____

Address: _____
(Street) (City) (State) (Zip)

Plumbing Contractor (Building Sewer): _____ Phone#: _____

Contact for Sewer Related Issues _____ Phone#: _____

Submission of this application represents your acceptance of the following terms:

1. **Permits are not refundable**
2. **Tapping fees must be paid when submitting this application**

Signature of Owner: _____

This permit is granted pursuant to Cecil Township Ordinance NO 2-84. All work must be done in accordance with the plans and specifications and the Rules and Regulations of the Authority. Installation made under this permit must be inspected prior to back filling. For inspections call 724-746-4848 at least 24 hours in advance.

For CTMA Use Only: Single Family _____ Multi-Family _____ Commercial _____

Date Received: _____ Date Reviewed: _____

Watershed: BR ___ SP ___ CB ___ TEO ___ Millers Run _____ Morganza Road _____

Construction documents provided: Yes _____ No _____ Waived _____
Documents satisfactory: Yes _____ No _____ Resubmit _____

Permit Release authorization: _____ Date: _____

Permit Fee\$ _____ Check# _____

Review Comments: _____ (see Attached)

APPLICATION FOR SANITARY SEWER CONNECTION
NON-RESIDENTIAL CUSTOMERS

**ADDITIONAL INFORMATION NEEDED FOR CALCULATION OF
TAP-IN FEES**

Each Non-Residential user shall submit the information requested below:

1. Description of the type of business(s) that will be conducted in the building

2. The size and area of the building _____ sq footage.
3. Number of restrooms _____.
4. Number of kitchen facilities _____.
5. Estimate of average daily water consumption _____.
6. If manufacturing facility annual estimate of water used _____.
7. A full description of any industrial waste to be discharged
_____.
8. A description of any and all types of solutions and/or solvents that will be utilized
in the operation of this business
_____.
9. Building occupancy – total number of employees _____.
10. A total estimate sewage flow from the facility _____.