

**Economy Borough Municipal Authority
2860 Conway Wallrose Road
Baden, PA 15005**

Office (724) 869-3201

Fax (724) 869-9924

SEWER PERMIT APPLICATION

ACCOUNT # _____ **PERMIT #** _____

**Property
Owner:** _____

Parcel: _____ **Lot #** _____

**Property
Address:** _____
(Street)

(City, State, Zip Code)

**PROPERTY INSPECTED ON OR BEFORE THE 15TH OF THE
MONTH WILL BE BILLED FOR THAT MONTH.
PROPERTY INSPECTED AFTER THE 15TH WILL BE BILLED THE
FOLLOWING MONTH**

**Please sign that you have received a set of the
Condensed Installation Specifications:**

X _____

ACCOUNT # _____ PERMIT # _____

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the Rules and Regulations governing sewage services of the Economy Borough Municipal Authority.
2. To maintain the building sewer at no expense to the authority.
3. To notify the authority **twenty-four (24)** hours in advance when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered.
4. **This permit will be null and void 12 months from issue date if inspection and connection have not been made during the 12-month period.**
5. Installer shall field verify all measurements for the sewer lateral from the building drain to the lateral connection point, including the depth of the lateral line to the sewer line. All information received from the Authority is advisory only and must not be relied upon.

Signed: _____ Date _____
(Applicant)

(Billing Address of Applicant)

(Telephone)

\$ _____ Tap-in Fee Paid

\$ _____ Inspection fee paid (Includes 1st and 2nd inspection)

\$ _____ Sewage Rental Fee Advance Deposit One Month

(If the Economy Borough Municipal Authority Representative must return to the site for a third inspection, there will be an additional \$25.00 charge and also an additional \$25.00 charge for each subsequent inspection).

Application approved and permit issued:

Signed: _____ Date: _____
(Business Manager)