

WEST BRANDYWINE TOWNSHIP MUNICIPAL AUTHORITY
199 LAFAYETTE ROAD, WEST BRANDYWINE, PA 19320
(610) 383-7140

APPLICATION FOR SANITARY SEWER SERVICE

Property Owner: _____

Service Address: _____

Tax Parcel: _____ Rental Unit: Yes ___ No ___

Billing Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Existing Dwelling New Construction

Property Classification*: Residential Commercial Public Restaurant Industrial Apartment

*all non-residential connections require an approved backflow prevention assembly Individual Units Total Number _____

Size of sanitary connection (4", 6", other) _____ Number of Services: _____ Total EDU's: _____

Public Water or On-Lot Well

Metered or Flat Rate

Gravity Connection or Grinder

Saddle or Existing Lateral

PROJECT/SUBDIVISION INFORMATION

Name of Subdivision: _____

Developer Name : _____

Developer Address : _____

Type of Entity (Corporation, LLC, etc) _____ **Phone :** _____

This application is made pursuant and subject to the Rules and Regulations of the Authority now prevailing and as may hereafter be adopted. Applicant specifically acknowledges that applicant has been afforded the opportunity to review Authority's rules and regulations, including those governing the allocation and utilization of capacity in the Authority systems, as well as the resolutions and fees and charges established by the Authority. Applicant specifically agrees to the validity of such rules and regulations, resolutions and fees. The applicant agrees to comply with and be bound by such Rules and Regulations, resolutions and fee schedules and further agrees that any violation(s) of the Rules and Regulations by either tenant or applicant, or both, is a violation of the Agreement. The applicant agrees to pay or cause to be paid to the Authority all water and/or sewer service and other charges when due. Such charges may be determined by any or all of the following: metered consumption, rates as outlined in the Authority's rate schedule, fees as outlined in the Authority's master fee schedule.

The applicant has executed this application, intending to be legally bound thereby, this _____ day of _____, 20_____.

X _____ X _____

Office Use Only

Sewer Fees

Tapping Fee: _____

Assessment/SPTF: _____

Abandonment: _____

(Tap Fee Credit): _____

Saddle: _____

Admin: _____

Total: _____

Account No: _____

Service Area: _____

Allowance: _____

Easement: _____

Received By: _____