

APPLICATION FOR SEWER ALLOCATION &/OR CONNECTION PERMIT

| | | |
|---|---|--|
| <p>*OFFICE USE ONLY* <i>Payment Info</i></p> <p>Amount: \$ _____</p> <p>Check #: _____</p> <p>Date: _____</p> <p>Rec'd By: _____</p> | <p>BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.STROUDSBURGBORO.COM</p> | <p style="text-align: right;">Permit # _____</p> <p style="text-align: center; font-size: small;">(for Zoning Office use only)</p> |
|---|---|--|

A COMPLETE SET OF PLANS MUST BE SUBMITTED FOR APPROVAL

| | |
|---|--------------|
| Owner's Name: _____ | Email: _____ |
| Mailing Address: _____ | Phone: _____ |
| Name of applicant: _____ | Email: _____ |
| Mailing address: _____ | Phone: _____ |
| Monroe County Property Tax I.D. # for lot on which sign is located: #1873 _____ | |
| Property (project) address: _____ | |
| Type of Building: _____ | |
| Contractor Name: _____ | Email: _____ |
| Mailing address: _____ | |
| Contact person: _____ | Phone: _____ |

| NUMBER OF UNITS: (EDU's) | |
|--------------------------|--|
| RESIDENTIAL | |
| COMMERCIAL | |
| INDUSTRIAL/INSTITUTIONAL | |

| SEWER CONNECTION AND / OR PERMIT FEES | |
|---------------------------------------|--------|
| NUMBER OF UNITS: _____ x \$2,700. | \$ |
| CONNECTION PERMIT FEE: | \$250. |
| TOTAL | \$ |

The undersigned hereby applies for sanitary sewage connection to the Borough sewer system, and certifies the foregoing information to be accurate.

Applicant's Signature: _____ Date: _____

| APPROVAL | |
|---------------------------------|-------------|
| Code Officer's Signature: _____ | Date: _____ |