

APPLICATION FOR SEWER SERVICE

SPRINGFIELD TOWNSHIP MUNICIPAL SANITARY SEWER SYSTEM

I, _____, hereby make application for sanitary sewer
(name of property owner)

service at _____ to be
(location- street / number)

occupied as a _____
(Primary use - home, apartment, store, etc.)

(Property owner - Name)

Occupant (if other than Owner)

(Address)

(City, State, Zip Code)

(Telephone Number)

Note: If bills are to be sent to an individual other than the owner or to an address other than the service address, answer these questions.

(Name of Billee)

(Address - Number/ Street)

(City, State, Zip Code)

(Telephone Number)

Note: Provide only when a new service connection is required. If the applicant is doing his own work indicate "SELF". All contractors must provide proof of liability insurance to the Township.

(Name of Contractor)

(Address - Number/ Street)

(Telephone Number)

(City, State, Zip Code)

Attach a plot plan of your property showing (in feet) property lines, structures, building sewer and connection to the public sewage system.

Not Applicable

Questions/Certifications

1. Is this application for **Sanitary Sewage Service** only? _____ **YES** _____ **NO**
Answer **YES** if the property is already connected to the public sanitary sewer system and a new service connection is not required. If the answer is **YES** indicate the date that service is to be provided. _____ (Date)

2. Is this application for a **Sanitary Service Connection**? _____ **YES** _____ **NO**
Answer **YES** if this is a new property which has not had service in the past or for some other reason requires the installation of a new service connection.

Indicate the date that service is to be provided. _____
(Date)

3. Is the property to be served a single family dwelling? _____ **YES** _____ **NO**

4. If the answer to No. 3 above is **NO**, the applicant should complete **FORM B: "INFORMATION REQUIRED FROM NON-DOMESTIC DISCHARGERS"**. The applicant further agrees to provide the Township Engineer, Enforcement Officer, and /or other authorized Township representative, without charge, any construction drawings or additional information he/she may require in evaluating this application.

Township Ordinance 3-1994 requires a service initiation fee or service connection fee of _____ NONE _____. Payment in this amount must accompany this application.

The applicant agrees to comply with all the terms and conditions outlined in the Township's Sewer Ordinances (1-1994, 3-1994, 5-1994) and any all other ordinances or regulations which set forth the rules and regulations governing sewage service.

The applicant agrees to be responsible for the sewage service charges at this location until a proper request for termination of service is received and accepted by the Township or a new application for sewage service is filed for this location transferring the responsibility for the charges to another party. The applicant also agrees to promptly notify the Township of any changes in his/her billing address.

(Signature of Applicant) (Date) Name and Title

Inspected by Springfield Township

Permit issued by Springfield Township

Signature Date

Signature Date

Title

Title

