

LOWER SWATARA TOWNSHIP
MUNICIPAL AUTHORITY (LSTMA)
1499 SPRING GARDEN DRIVE
MIDDLETOWN, PA. 17057
(717) 939-7633

PERMIT APPLICATION

In accordance with the Ordinance 448, Code of Ordinances, Chapter 18, Section 18-303, Sewers and Sewage disposal, adopted by the Board of Commissioners of Lower Swatara Township, I hereby make application for a permit to connect or disconnect to the sanitary sewer system as follows:

Location _____ Parcel No. _____

Subdivision _____ Section _____ Lot No. _____

Owner's Name _____

Mailing Address _____

Telephone Number (____) _____

Contractor's Name _____

Mailing Address _____

Telephone Number (____) _____

Proposed Work _____

Estimated Cost for sewer lateral (including labor & material) \$ _____

Residential _____ Commercial _____ Industrial _____ Manufactured Home _____

Number of Employees: _____ Office _____ Warehouse _____ Total

As the owner or the authorized agent of this project we hereby certify that the facts set forth in this permit application have been examined by me and my contractor and to the best of our knowledge are true, correct, and complete and we agree to conform to all applicable laws of LSTMA. It is understood and agreed by the owner/contractor that any error, misstatement or misrepresentation of fact, either with or without intention on the part of this application, such as might or would operate to cause a refusal of this application, or any change in the location or use of the structure and/or made subsequent to the issuance of the permit, without approval of LSTMA, shall constitute sufficient ground for the revocation of this permit.

APPLICANT MUST COMPLETE ONE OF THE SECTIONS BELOW:

Contractor Name (print or typed)

Owner Name (print or typed)

Signature Date

Signature Date

