

UPPER UWCHLAN TOWNSHIP
140 Pottstown Pike
Chester Springs, PA 19425
Chester County, Pennsylvania
Phone: 610-458-9400 • Fax: 610-458-0307

APPLICATION FOR SEWER CONNECTION PERMIT

PART I – OWNER INFORMATION

Owner Name (person or entity that will own the property upon completion of Sewer connection):

Owner Street Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Email Address:

PART II – PROPERTY INFORMATION

Street Address of Property for which Sewer Connection is Proposed (if P.O. Box, include street address also):

City, State and Zip Code:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

Proposed Use
(check one):

- ☐ Residential Dwelling
☐ Single-Family
☐ Townhouse

- ☐ Commercial
☐ Industrial
☐ Institutional
☐ Multi-Use
☐ Other _____

Water Supply (check one):

- ☐ Public
☐ Private
☐ Other _____

Proposed
Connection to
Public Sewer
(check one):

- ☐ Gravity Building Sewer ☐ Low-Pressure Building Sewer

Note: All sewer installation must be witnessed and approved (inspected) by the appropriate inspection official. All such inspections by the Township shall be undertaken and completed not less than 48 to 72 hours after the Township is given notice that the connection is ready for inspection.

PART III – CONTRACTOR INFORMATION

Contractor Name (person or entity that installed Sewer connection):

Contractor Street Address (if P.O. Box, include street address also):

City, State and Zip Code:

Contractor Telephone Number:

Contractor HIC Number:

Contractor Email Address:

PART IV – CONSTRUCTION DOCUMENTS

Below, please submit a plan and profile view sketch of the pipe installation. Please show the length of pipe, all proposed bends and cleanouts, and the proposed pipe material. Use additional sheets as necessary.

PART V – CERTIFICATION	
I certify that I (check appropriate box below): <input type="checkbox"/> am the Owner. <input type="checkbox"/> am an officer or official of the Owner <input type="checkbox"/> have the authority to make this application (attach delegation of signatory authority) and that all above information is true and correct to the best of my knowledge and belief.	
Name (type or print legibly)	Official Title
Street Address	City, State Zip
Phone Number	E-Mail Address
Signature	Date

Upper Uwchlan Township
Building Department
140 Pottstown Pike
Chester Springs, PA 19425

RE: Certification of Gravity Service Lines and Abandonment of Septic System

To whom it may concern;

The below signature(s) hereby certify that to the best of my knowledge the following have been completed in accordance with the Technical Specifications for the Construction of Gravity Service Lines to be Connected to the Public Sewer System.

- The below referenced Chester County Health Department approved hauler pumped and cleaned my on-site septic tank; and,
- The below referenced plumber connected my property to the Upper Uwchlan Township public sewer system and removed and/or capped the septic tank piping prior to backfilling the tank.

(Property Owner Signature)

(Date)

(Property Owner Signature)

(Date)

Property Owner(s) Name(s): (Print)	_____
Property Address:	_____
	(Address)

	(City) (State) (Zip Code)
Telephone Number:	_____
Name of Approved Hauler: (Print)	_____
Hauler's Address:	_____
	(Address)

	(City) (State) (Zip Code)
Hauler's Telephone Number:	_____
Name of Plumber: (Print)	_____
Plumber's Address:	_____
	(Address)

	(City) (State) (Zip Code)
Plumber's Telephone Number:	_____