



SEWER PERMIT

I HEREBY MAKE APPLICATION TO THE BRADFORD SANITARY AUTHORITY FOR A SEWER PERMIT

NAME OF APPLICANT: _____	DATE: _____
APPLICANT'S ADDRESS: _____	PHONE/FAX NO: _____
PLUMBER/ADDRESS: _____	PHONE/FAX NO: _____
CONTRACTOR/ADDRESS: _____	PHONE/FAX NO: _____
PROPERTY LOCATION: _____	
ANTICIPATED STARTING DATE: _____	
SINGLE UNITS: ___ MULTIPLE UNITS: ___ DEVELOPER SEWER: ___ INDUSTRIAL SEWER: ___	

Is Permit Application for a DEMOLITION? YES X NO _____

If YES, you must notify the City Plumbing Inspector for location to seal and plug off sewer connection(s) AND for an inspection of the capped sewer line(s), prior to backfilling.

Is Permit Application for a CONNECTION? YES _____ NO _____

If YES, there is a \$500.00 fee - per connection. You must notify our office for an inspection of the connection.

DESCRIPTION OF WORK BEING DONE: Removing existing line from a shared system and tying it directly into the sewer system.

RECEIVED OF _____ ON _____ THE SUM OF _____

FOR A SEWER CONNECTION /TAP-IN FEE FOR ABOVE STATED PROPERTY LOCATION.

NOTE: ALL SEWER LINE WORK MUST BE PERFORMED BY A REGISTERED PLUMBER. THIS SEWER PERMIT IS ONLY FOR THE PURPOSE OF HAVING AN INSPECTION, OF THE CAPPED SEWER LINE OF A DEMOLISHED PROPERTY OR THE SEWER TAP-IN/ CONNECTION INTO THE MAIN LINE, MADE BY THE SANITARY SEWER DEPARTMENT. ALL OTHER SEWER WORK IS TO BE INSPECTED BY THE CITY PLUMBING INSPECTOR. YOU MUST CONTACT THE BRADFORD SANITARY AUTHORITY OFFICE AT 368-6254 FOR AN INSPECTION OF THE UNCOVERED SEWER LINE(S). IF THIS OFFICE IS NOT CONTACTED TO MAKE AN INSPECTION OF THE SEWER LINE(S), THE PROPERTY OWNER AND/OR ABOVE NAMED APPLICANT WOULD BE LIABLE TO HAVE THE LINE(S) UNCOVERED FOR OUR INSPECTION.

I HAVE READ THE ABOVE COMPLETED SEWER PERMIT AND A COPY OF SAME HAS BEEN GIVEN TO ME.

_____ Applicant - PRINT NAME	_____ Signature of Applicant	_____ Bradford Sanitary Authority
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TO BE COMPLETED BY THE SANITARY SEWER DEPARTMENT INSPECTOR::

DATE WORK COMPLETED _____ DATE OF APPROVAL _____

DESCRIPTION OF WORK DONE: _____

DATE/ REASON FOR DISAPPROVAL: _____

SIGNATURE OF INSPECTOR: _____

A COPY OF THIS PERMIT WILL ALSO BE PROVIDED TO THE ABOVE INDICATED PLUMBER AND TO THE CITY OF BRADFORD