



BRADFORD SANITARY AUTHORITY

P. O. Box 546, 28 Kennedy Street, Bradford, PA 16701
Phone: (814) 368-6254 FAX: (814) 362-3811

STORMWATER CONNECTION 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: _____ ANTICIPATED INSPECTION DATE: _____

DESCRIPTION OF WORK BEING DONE: _____

NOTE: This connection permit is only for the purpose of having an inspection of the stormwater tap-in connection to the main line. This inspection must be performed by the Bradford Sanitary Authority. All other work is to be inspected by the City Inspector. You must contact the Bradford Sanitary Authority Office at 368-6254 for an inspection of the uncovered stormwater lines. If this office is not contacted to make an inspection of the stormwater connection, the property owner and/or above named applicant would be liable to have the line(s) uncovered for inspection.

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

Applicant - PRINT NAME Signature of Applicant Bradford Sanitary Authority

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: _____

**Contractor must set up a pre-work appointment with our Field Foreman as well as an appointment to inspect the uncovered stormline connection prior to completing the project.
814-584-3238**