EAST VINCENT WASTEWATER SERVICES
262 RIDGE ROAD, SPRING CITY, PA 19475

APPLICATION FOR TAPPING FEE

SERVICE DISTRICT _____ APPLICATION NUMBER _____

The undersigned hereby makes application to pay a Tapping Fee in accordance with applicable resolutions to permit connection of the herein designated property with the sewer system of the EAST VINCENT TOWNSHIP.

Property Address: _____ Owner: _____
_____ _____
_____ _____
Mailing Address:
Tax Parcel Number: _____ _____
Phone: Home (____) _____ _____
Work (____) _____ _____

The structure to be connected to the sewer system is occupied as follows:
(Complete the Appropriate Blanks)

Structure: ☐ New ☐ Existing ☐ Change of Use

Residential: ☐ One Family ☐ Two Family ☐ Multi Family

☐ Residential / Commercial: (Type of Use) _____
☐ Commercial Only: (Type of Occupancy) _____
☐ Industrial Only: (Type of Manufacturing) _____

*Provide Supplemental information to Determine Space / Usage etc.

In consideration of the acceptance of this application, the undersigned agrees:

1. To accept and abide by all the provisions of Township Ordinances, Resolutions and the rules and regulations of the Township, both current and future, relating to the public sewer system.
2. To install and maintain the building sewer at no expense to the Township.
3. To make timely application to the Township for a Building Sewer Permit and to notify the Township Code Enforcement Officer when the building sewer is ready for inspection and and connection to the public sewer system. **PLEASE NOTE THAT SUCH NOTIFICATION AND INSPECTION SHALL BE WHILE THE WORK IS EXPOSED.**

Signed: _____ Date: _____ Number of EDU's _____
Owner (Owner's Agent) (As assigned by Engineer)
Issued By: _____ Date: _____ Check / Money Order# _____

TAPPING FEE $ _____ Amount Paid $ _____