

BOROUGH OF SCOTTTDALE



10 Mt. Pleasant Road
Scottsdale, PA 15683
Phone: 724-887-8220 - Fax: 724.887-0195
E-Mail: scottsdaleboroughmgr@gmail.com

Application for Sanitary Sewage Permit

NAME: _____ PHONE: _____

ADDRESS: _____ STATE _____ ZIP _____

PROPERTY LOCATION: _____

USE OF PROPERTY: ☐ Residential ☐ Commercial ☐ Industrial

FLOW ESTIMATE: (Other than a single dwelling) _____ GPD*

Note: If flow discharged are 500 GPD or more, or property to be constructed is other than a single family type dwelling. A planning module must be submitted with the application.

Sewer permit is valid for two (2) years from the date it is issued. If permittee has not completed the sewer connection within two (2) years from the date on which the sewer permit is issued, then the permit shall become null and void, and the applicant shall be entitled to a return of the sewer tap application fee paid to the Borough.

A fee of \$_____ is paid.

Date

Applicant

Office Use Only

Permit No. _____

Date

Approved by

NOTE: If a moratorium is placed on Scottsdale or East Huntingdon Township sewer taps by the Pennsylvania Department of Environmental Protection prior to connection to the sanitary sewer (for wastewater only), the connection to the sanitary sewer system shall not be permitted.

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Sanitary Sewer Tap Permit

NAME: _____ PHONE: _____

ADDRESS: _____ STATE _____ ZIP _____

Permission is hereby given to make a tap at the Borough Sanitary Sewer at:

in accordance with the application bearing the same number as this permit and in accordance with the rules and regulations of the Borough of Scottsdale.

ROOF WATER, SURFACE WATER OR ANY STORM WATER IS PROHIBITED IN SANITARY SEWERS. APPLICANT MUST NOTIFY THE BOROUGH WHEN SEWER HAS BEEN TAPPED AND BEFORE IT IS COVERED SO THAT AN INSPECTION CAN BE MADE.

Borough Engineer

NOT TO BE ISSUED UNTIL THE PERMIT FEE OF \$ _____ HAS BEEN PAID

Check No. _____

Date: _____

Permit No. _____

TAP INSPECTED AND APPROVED

Date: _____

By _____

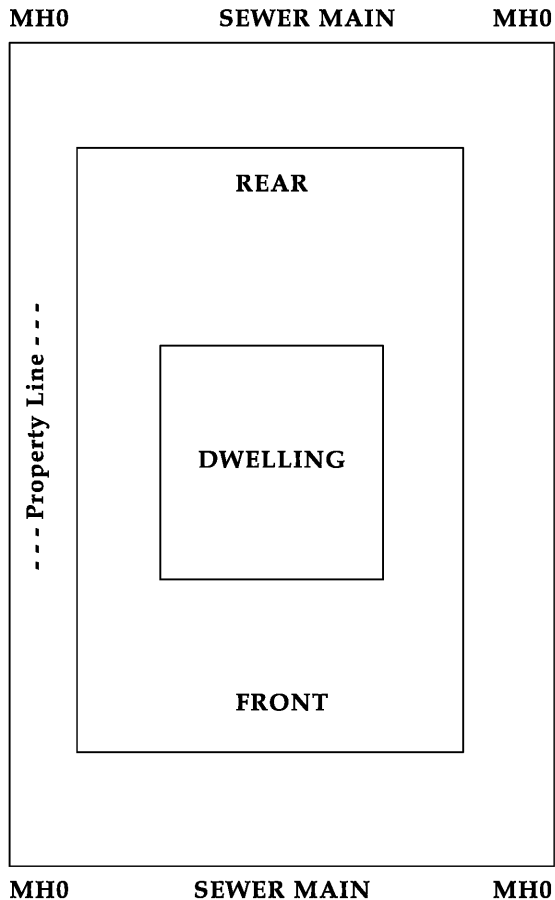
NOTE: **The entire installation must be inspected and approved by the borough representative prior to be back filled.**

LOT PLAN

Name of Property Owner: _____

Street Address: _____ **ST:** _____ **Zip:** _____

Lot No. _____



Depth Excavation at House Wall: _____

House Excavation at Tap: _____

Size of House Connection: _____

Material House Connection: _____

Length of House Connection: _____

Grade of House Connection: _____

Drains Basement: _____

Drains - 1st Floor Only: _____

Date Installed: _____

I do hereby certify that the sanitary sewer connection described herein was made in accordance with the rules and regulations of the Borough of Scottdale and that no roof, foundation, surface or underground drainage is connected to the house sanitary sewer.

Owner: _____

Approved by: _____
Borough Inspector

Date: _____

Registered Plumber **Reg.#**

Address

Date