

PERMIT FEE \$ _____

DATE: _____

PERMIT No. _____

VALID FOR: _____

WATER CONNECTION PERMIT STRASBURG BOROUGH AUTHORITY

145 Precision Avenue, Strasburg, PA 17579 · Phone (717) 687-7732 · Fax (717) 687-6599

Residential	Non-Residential
1 Number of Equivalent Dwelling Units (EDUs) - _____ Tapping Fee: 2 Capacity Part \$5,666.99 3 Distribution Part <u>\$2,947.04</u> 4 Total Tapping Fee \$8,614.03 5 Residential Tapping Fee (Line 1 x Line 4) = _____ 6 Water Meter Size – _____ 7 Fire Service Meter Size (if applicable) - _____	1 Type of Use* - _____ 2 Projected Water Usage per Day (gallons)* - _____ 3 Number of Equivalent Dwelling Units (EDUs)** - _____ Tapping Fee: 4 Capacity Part \$5,666.99 5 Distribution Part <u>\$2,947.04</u> 6 Total Tapping Fee \$8,614.03 7 Non-Residential Tapping Fee (Line 3 x Line 6)*** = _____ 8 Water Meter Size – _____ 9 Fire Service Meter Size (if applicable) - _____
<u>Make Checks Payable To:</u> <u>STRASBURG BOROUGH AUTHORITY</u> RESTRICTIONS, RULES AND REGULATIONS A. The permit holder is responsible for payment of bills until Strasburg Borough Authority is notified of change in ownership. B. Applicant is responsible for all costs involved to obtain water from the water system.	* Any Non-Residential Permit Application shall be accompanied by a water capacity request, which shall explain in detail the type of use proposed, the projected water usage per day (in gallons per day), and the methodology to calculate this projected water usage. This calculation shall be subject to Authority review. ** The number of EDUs shall be calculated by dividing the value in Line 2 by 165.75 gallons per day. EDUs shall be rounded up to the nearest whole number. *** For all Non-Residential connections, the Authority reserves the right to verify usage and impose additional tapping fees if the average daily use exceeds the amount listed in the application.
Proposed Construction Schedule - Number of EDUs per year Year 1 = _____ Year 2 = _____ Year 3 = _____ Year 4 = _____ Year 5 = _____	
Name of Owner(s) _____ Signature of Owner(s) or Plumber _____ Date _____ Address of Owner(s) _____ Address of Property to be Connected _____ Permit Approved By _____ Date _____ Account Number _____ Number of Meters _____ Number of Billing Units _____ EDU Rating _____	
Billing: Account Created/Updated on: _____ Initials: _____	
INSPECTION REPORT	
Type of Service Line _____ Meter Reading _____ Connection Approved By _____ Date _____ Remarks _____	