DATE OF SUBMISSION: _____ ON-LOT PERMIT NO.: _____
OFFICIAL FILING DATE: _____ LOT/BLOCK NO.: _____

(Municipal Use Only)

BOROUGH OF SEWICKLEY HEIGHTS
EXISTING ON-LOT SEWAGE SYSTEM EVALUATION

1. Full Name of Landowner: _____

Address of Landowner: _____

Telephone No.: _____ (Office) _____ (Cell) E-mail: _____

2. Name of Inspector/Inspection Company: _____

Address of Inspector/Inspection Company: _____

Name of Contact Person: _____ E-mail of Contact Person: _____

Telephone No. of Contact Person: _____ (Office) _____ (Cell)

3. Property Information: Address: _____

Zoning District: _____ Plan/Deed Book, Volume, Page No.: _____
(Attach Copy of Plan and/or Deed, as applicable)

Total Acreage of Lot: _____ Current Lot Coverage: _____ Lot Depth: _____ Lot Width: _____

Existing/Proposed Water Service: _____ Existing/Proposed Sewage Service: _____

Type of Water Supply: ☐ Public ☐ Private Nearest Public Sewer to Lot: _____

List of All Private Water Supplies within 300 Feet: _____

Location Map Attached: ☐ YES ☐ NO Site Survey Attached: ☐ YES ☐ NO

Diagram Indicating Location of Discharges and other Pertinent Features Attached: ☐ YES ☐ NO

4. Inspection Information and Results:

Inspection(s) Required by Sewage Enforcement Officer: _____

Date(s) of Inspection(s): _____

Inspection Results Attached: ☐ YES ☐ NO

Inspector Additional Comments: _____

_____

_____

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Rev. 4.4.22

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NOTICE: The Existing On-Lot Sewage System Evaluation shall not be deemed filed until this form is fully completed, all necessary documents are submitted, and all other requirements are completed, as determined by the Borough's Zoning Officer and Sewage Enforcement Officer. The date the Borough receives the initial submission, as noted above, should not be construed as the Applicant's filing date.

By execution hereof, the undersigned hereby certifies that the statements made herein are true and correct to the best of his/her knowledge and belief.

SIGNATURE OF INSPECTOR: _____ Date: _____

Print Name: _____

Registered Master Plumber Health Permit Identification Number (if applicable): _____

Inspector Certification Number (if applicable): _____