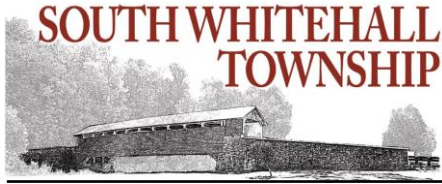


DATE RECEIVED: _____

FILE APPLICATION NO.: _____



ON-LOT SEWAGE DISPOSAL SYSTEM APPLICATION

Site Address: _____ Site PIN: _____

Subdivision Name and Lot Number: _____

Application for (check one):	Application Fee
<input type="checkbox"/> New or Replacement Systems	\$50
<input type="checkbox"/> Repair and/or Modification of Existing Systems	\$50

APPLICANT INFORMATION:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

MINIMUM SUBMISSION REQUIREMENTS / CHECKLIST:

ALL SUBMISSION REQUIREMENTS BELOW MUST BE MET TO BE A COMPLETED SUBMISSION

- Completed and Signed Township On-Lot Sewage Disposal System Application Form
- Completed and Signed PA DEP On-Lot Sewage Disposal System Permit Application Form
- Application Fee Payment

LIST OF SUPPLEMENT MATERIAL SUBMITTED WITH THIS APPLICATION

A) _____

B) _____

C) _____

SIGNATURES:

The undersigned represents that to the best of his/her knowledge and belief, all the above statements are true, correct and complete.

The applicant and/or authorized agent agree to appear to present the application to the applicable Commission at any public hearing the Commission holds on the application.

Signature of Applicant

Printed Name

Date

To facilitate an accurate and expeditious review of your application, please complete this form as thoroughly as possible.