

ASSOCIATED APPLICATIONS

Case # _____
 Case # _____
 Case # _____
 Project _____
 PIN _____



CONSTRUCTION WATER APPLICATION

CASE #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

APPLICANT NAME: _____ PHONE: (____) _____

APPLICANT ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of South Whitehall Township.

APPLICANT PRINTED NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ PHONE: (____) _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

Location of Work: _____

Reason for Work: New Construction Other _____

Name of Future Business (if applicable): _____

Water Tap-In Permit Case #: _____ Attach copy of Township Receipt for Water Tap-In Fee

All applications for Water Use Permits must be made to the Utilities Group Leader or Foreman of the South Whitehall Township Public Works Department. Forty-eight (48) hours notice is required.

This permit does not apply to dust control, tire clean-out area or landscaping – watering of trees, shrubs or grass (or any usage that does not pertain to construction of building).

All Federal, State and Local water quality regulations shall apply.

The Water Department will require the installation of a water meter and back-flow prevention when usage monitoring is needed as mandated by the DRBC.

Fire Hydrants for Fire Department use only.

PUBLIC WORKS	REVIEWED BY	DATE	FEES:	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM
<input type="checkbox"/> APPROVED	_____	_____	<input type="checkbox"/> Const Water: \$ <u>100.00</u>	APPLICANT NOTIFICATION
<input type="checkbox"/> REJECTED	_____	_____	<input type="checkbox"/> _____ \$ _____	<input type="checkbox"/> Applicant Called _____
	PERMIT EXPIRES:	_____	<input type="checkbox"/> _____ \$ _____	Check # _____
			TOTAL \$ _____	Amount \$ _____

APPROVAL CONDITIONS:

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____

