

UPPER YODER TOWNSHIP
AUTHORITY

UPPER YODER TOWNSHIP AUTHORITY
302 ELIM STREET, JOHNSTOWN, PA
PHONE: 814-255-5243

APPLICATION FOR SEWER TAP
SEWER LATERAL ALTERATION

INSPECTOR: KEN MESKO
302 ELIM STREET, JOHNSTOWN, PA
PHONE: 814-255-5243 EXT. 225

PART I - TO BE COMPLETED BY APPLICANT

Name _____ Daytime Phone _____

Current Address _____
Street City, State Zip Code

Is this application for a new single family dwelling (yes/no)? _____

Is this application for an addition to an existing dwelling (yes/no)? _____

Will there be any exterior plumbing work (yes/no)? _____

Will the existing lateral be replaced (yes/no)? _____

Is a new lateral and connection to the main sewer proposed (yes/no)? _____

Is this application for a multi-family dwelling (yes/no)? _____

If for a multi-family dwelling: Number of units _____

Number of connections to the main sewer _____

By signing below I have received the latest Rules and Regulations of the Authority and agree to comply with same.

SIGNATURE OF APPLICANT: _____

Signature

Date

PART II - TO BE COMPLETED BY UPPER YODER TOWNSHIP AUTHORITY:

TAP FEE COMPUTATION:

Number of Connections _____ X \$ 50.00/Connection= _____

Number of Equivalent Dwelling Units _____ X \$1,200.00/EDU= _____

Number of Taps/EDU's Available= _____

Number of Taps/EDU's Required for this Application= _____

Number of Taps/EDU's Remaining= _____

APPROVED BY: _____

Signature/Title

Date