



# Township of Salisbury

LEHIGH COUNTY, PA  
2900 SOUTH PIKE AVENUE, ALLENTOWN, PA 18103  
(610) 797-4000

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## WATER AND SEWER SERVICE APPLICATION

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Applicant wishes all communications to include General Contractor

General Contractor: \_\_\_\_\_

General Contractor's Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Applicant wishes all communications to include Plumber

Plumber: \_\_\_\_\_

Plumber's Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Salisbury Township's Master Plumber's License Number: \_\_\_\_\_

Property Location: \_\_\_\_\_

Property Type: ☐ Residential ☐ Non-Residential

Construction Type: ☐ New Structure ☐ Existing Structure

Description of Work: \_\_\_\_\_

\_\_\_\_\_

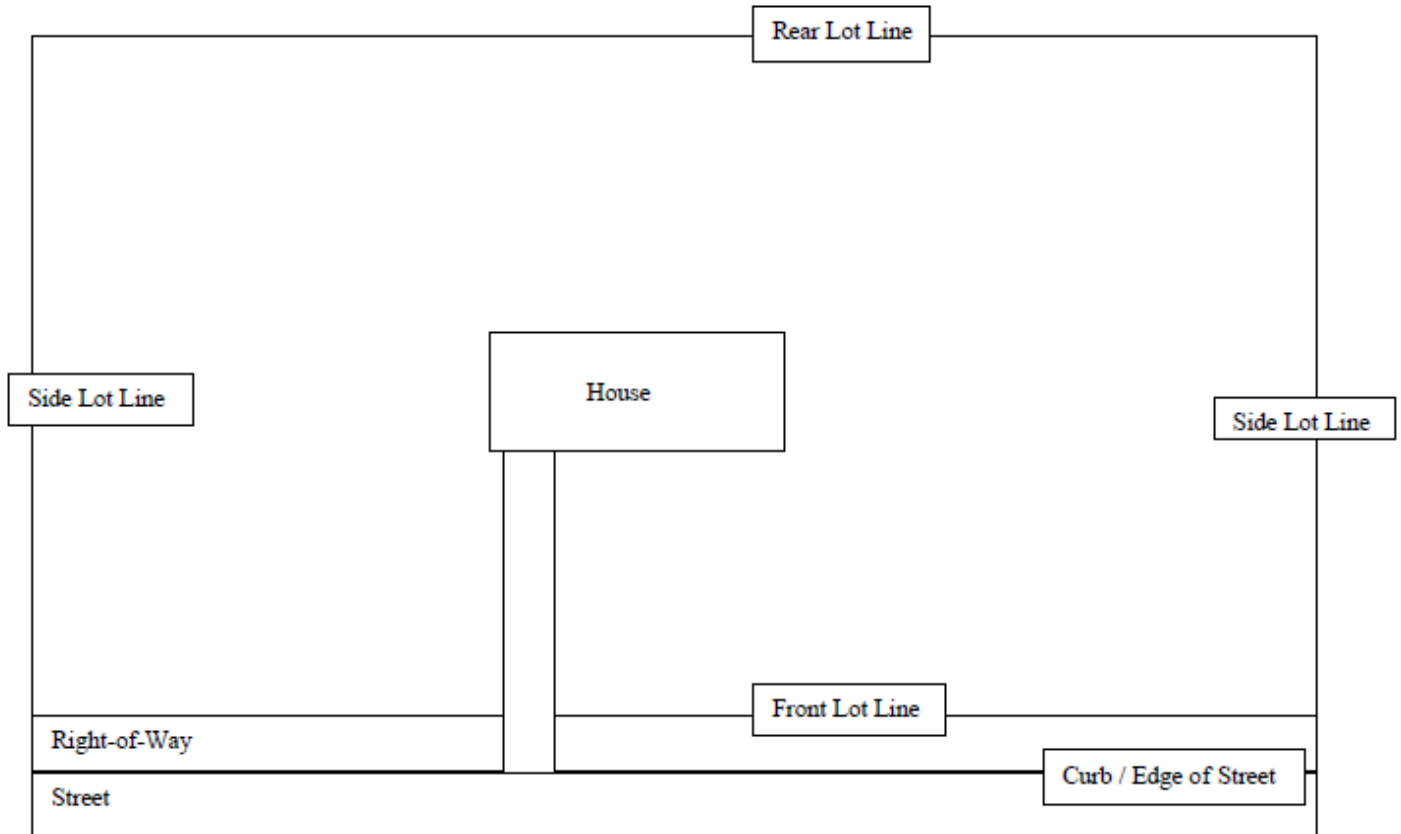
\_\_\_\_\_

Proposed Area of Disturbance: \_\_\_\_\_ sq. ft.

Does the proposed work require street excavation? ☐ Yes ☐ No

Is a new water meter required? ☐ Yes ☐ No Requested Size? ☐ 5/8" ☐ 1" ☐ \_\_\_\_\_

## SITE PLAN INDICATING LOCATION OF WORK



## SCOPE OF WORK/FEES\* (check all that apply):

<u>RESIDENTIAL</u>		<u>NON-RESIDENTIAL</u>	
<input type="checkbox"/> New Sewer Service Tap	\$1,550.00	<input type="checkbox"/> New Sewer Service Tap	\$1,600.00
<input type="checkbox"/> Sewer Line Repair/Replacement	\$150.00	<input type="checkbox"/> Sewer Line Repair/Replacement	\$310.00
<input type="checkbox"/> New Water Service Tap	\$550.00	<input type="checkbox"/> New Water Service Tap	\$550.00
<input type="checkbox"/> Water Line Repair/Replacement	\$150.00	<input type="checkbox"/> Water Line Repair/Replacement	\$310.00
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

\*Additional review and/or inspection fees may be required.

**Total Permit Fee:** \_\_\_\_\_

### Cost of Water Meter (If Applicable):

☐ 5/8" Meter = \$245.00    ☐ 1" Meter = \$380.00    ☐ \_\_\_\_\_ Meter = \$\_\_\_\_\_ (Actual Cost from Vendor)

## APPLICANT CERTIFICATION

Applicant agrees to reimburse the Township of Salisbury for any and all costs and expenses incurred by the Township in connection with this permit and the work conducted thereunder, including, but not limited to, enforcing the requirements of state law and conditions of this permit, inspections made to assure compliance therewith, and measures taken by the Township to protect the public where the applicant and/or contractor has failed to comply therewith, including police details and other safety or remedial measures deemed necessary by the Township.

The undersigned agree to defend, indemnify, and hold harmless the Township and all of its agents and employees from any and all liability, causes or action, costs and expenses resulting from or arising out of any injury, death, loss, or damage to any person or property during the work conducted under this permit.

The undersigned hereby certifies that they have read and examined this application and that the proposed work is accurately represented in the statements made in this application and that all work shall be executed in accordance with the terms and conditions of said permits.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Consent by Property Owner (if not Applicant) Date

## OFFICE USE

Does the proposed work require a PennDOT permit? ☐ Yes ☐ No

Review to be completed by: ☐ Township Staff ☐ Township Engineer ☐ 3<sup>rd</sup> Party Plan Reviewer

Inspections to be completed by: ☐ Township Staff ☐ Township Engineer ☐ 3<sup>rd</sup> Party UCC Inspector

Permit: ☐ Approved ☐ Denied

\_\_\_\_\_  
Director of Community Development Signature Date

In concurrence with:

\_\_\_\_\_  
Public Works Supervisor Signature Date