



West Lebanon Township
322 North 22nd Street, Lebanon, PA. 17046
Phone # (717) 274-1598 Fax: (717) 274-5119

Water and Sewer Department
Application For Sewer Connection Permit

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number of Property Owner: _____

Address of Property to be connected: _____
(If different from above)

Name of Master Plumber doing the connection: _____

Phone number of Plumber: _____

Type of connection to be made: ___ Residential ___ Industrial ___ Commercial ___ Public

No. of units to be connected: ___ Residential ___ Industrial ___ Commercial ___ Public

Proposed date the connection _____

The undersigned agrees to comply with the terms of the connection permit, Township Ordinance No. 413, Amending Ordinance No.312, and the Plumbing Requirements for Building Sewer in West Lebanon Township.

Applicant Signature: _____ Date: _____

No pipe shall be covered prior to approval of the inspector. The Township's inspector shall witness the air test of the building sewer. Please notify the inspector at least 48 hours in advance of the time for required inspection of the installation and air test.

Official Use Only

Permit No. _____ Fee Due: \$ _____ Date paid: _____ Check No. _____

Approved by: _____ Date: _____
Authorized Township Agent

Connection inspection and approved: Date: _____

By: _____



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