



HOPEWELL TOWNSHIP

1700 CLARK BOULEVARD
ALIQUIPPA, PA 15001
PHONE: 724-512-0156
FAX: 724-512-0154

SANITARY SEWER RESTORATION PERMIT APPLICATION (EXISTING SANITARY SEWER LINE)

Application No. _____

Name of Owner: _____ Owners Agent: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Type of Structure: _____ Residential _____ Commercial _____ Industrial

Number of Units: _____

Location of Structure: _____

Parcel No.: _____ Plan Name: _____

Excavating Contractor: _____ Excavator's Permit No.: _____ Exp. Date: _____

Nature of Work: _____ Restoration _____ Extension

If restoration, what is the cause making restoration necessary?

The Applicant agrees to accept and abide by all Ordinances and Regulations of Hopewell Township regarding use of and connection to the Hopewell Township Sanitary Sewer System.

The Applicant is aware that all work performed on a sanitary sewer lateral must be performed by a Registered Master Plumber with a valid Excavator's Permit.

The Applicant agrees to provide 48 hours notification to the Sewer Department (Phone 724-378-4875) of the date of completion of the herein described sanitary sewer line restoration work and will allow inspection of the sanitary sewer line restoration work before same is covered. The Applicant agrees to uncover the Sanitary Sewer Line restoration work should Applicant fail to secure the required inspection of Hopewell Township.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR TOWNSHIP USE ONLY

Restoration Work Inspected and Approved By/Date: _____

Restoration Permit Fee: _____ Check Number/Date: _____

Sewer Connection Fee: _____ Check Number/Date: _____

Inspection Fee: _____ Check Number/Date: _____

Excavator's Permit Fee: _____ Check Number/Date: _____