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Caln Township Municipal Authority

*Paul Mullin, Chairman, Robert Tompkins, Vice Chairman
John Contento, Treasurer, George Chambers, Assistant Treasurer/Assistant Secretary
Jim Kruse, Secretary, Denise Miller, Recording Secretary
Greg Prowant, Township Manager, Scot Gill, Director of Wastewater Operations*

610-384-0600, fax: 610-384-4043 Email: authority@calntownship.org
Municipal Building, 253 Municipal Drive, P.O. Box 72149 Thorndale, Pa. 19372-0149

TOWNSHIP OF CALN Thorndale, Chester County, Pennsylvania Application for Sanitary Sewer Construction Permit

Date ____ / ____ / ____

Permit No. _____

The undersigned, (being the owner, owner's agent) of the property located at _____
Number

Owned by _____
Street City

does hereby request a permit to: physically connect building sewer to sanitary sewer
system; add non-physical connection to sanitary sewer system obtain additional flow
allocation required by sewer use review.

- | | Number |
|--|--------|
| (A) Dwelling Units (1 EDU / Dwelling Unit) | _____ |
| (B) Commercial Units (1 EDU / 250 G.P.D. flow) | _____ |
| (C) Industrial Units (1 EDU / 250 G.P.D. flow) | _____ |
| (D) Institutional Units (1 EDU / 250 G.P.D. flow) | _____ |
| (E) Number of sewer laterals (Show plan on reverse side) | _____ |

In consideration of the granting of this permit, the undersigned agrees:

- To accept and abide by all provisions of ordinance 1997-2 and 2002-22 and Resolutions 1978-13 and 1982-6 of the Township of Caln, and the Resolutions of the Caln Township Municipal Authority, and all rules and regulations now or hereafter in force applicable to the sewer system. An approved water-metering device shall be installed and maintained in sound working order for sewer use/rent calculations. Said metering device shall remain readily accessible for examination.
- To maintain the building sewer at no expense to the Township or the Caln Township Municipal Authority.
- To notify the Plumbing Inspector (610.384-0600) when the building sewer is ready for inspection and connection to the sanitary sewer system, **BUT BEFORE ANY PORTION OF THE WORK IS COVERED. INSPECTION WILL NOT TAKE PLACE UNLESS PLUMBER IS PRESENT TO SIGN SEWER PERMIT**

OVER →

****PLEASE PRINT CLEARLY****

Connection fee _____

Name _____
Applicant

Inspection fee _____

Address _____

Total _____

Payment Received _____

Approval Date _____

Applicant Signature _____