PERMIT FEE $ _____ TWP ADMIN FEE $ _____ DATE: _____

PERMIT NO. _____ VALID FOR: _____

SEWER CONNECTION PERMIT
STRASBURG BOROUGH AUTHORITY

145 Precision Avenue, Strasburg, PA 17579 · Phone (717) 687-7732 · Fax (717) 687-6599

Residential

1 Number of Equivalent Dwelling Units (EDUs) - _____

Tapping Fee:

2 Capacity Part $2,471.72

3 Distribution Part $3,343.82

4 Total Tapping Fee $5,815.54

5 Residential Tapping Fee (Line 1 x Line 4) = _____

6 Water Meter Size – _____

Make Checks Payable To: STRASBURG TOWNSHIP, 400 Bunker Hill Rd, Strasburg

RESTRICTIONS, RULES AND REGULATIONS

A. The permit holder is responsible for payment of bills until Strasburg Township is notified of change in ownership.

B. Applicant is responsible for all costs involved to obtain water from the water system.

C. All applications are subject to a $150.00 per EDU Administrative Fee in accordance with Strasburg Township Resolution 2023-04.

Non-Residential

1 Type of Use* - _____

2 Projected Wastewater Generation per Day (gallons)* - _____

3 Number of Equivalent Dwelling Units (EDUs)** - _____

Tapping Fee:

4 Capacity Part $2,471.72

5 Distribution Part $3,343.82

6 Total Tapping Fee $5,815.54

7 Non-Residential Tapping Fee (Line 3 x Line 6)*** = _____

8 Water Meter Size – _____

* Any Non-Residential Permit Application shall be accompanied by a wastewater capacity request, which shall explain in detail the type of use proposed, the projected wastewater generation per day (in gallons per day), and the methodology to calculate this projected wastewater generation. This calculation shall be subject to Authority review. The Authority will also require the completion of a Non-Residential Wastewater Discharge Questionnaire.

** The number of EDUs shall be calculated by dividing the value in Line 2 by 229.5 gallons per day. EDUs shall be rounded up to the nearest whole number.

*** For all Non-Residential connections, the Authority reserves the right to verify flows and impose additional tapping fees if the average daily use exceeds the amount listed in the application.

Proposed Construction Schedule - Number of EDUs per year

Year 1 = ___ Year 2 = ___ Year 3 = ___ Year 4 = ___ Year 5 = ____

Name of Owner(s) _____

Signature of Owner(s) or Plumber _____ Date _____

Address of Owner(s) _____

Address of Property to be Connected _____

Permit Approved By _____ Date _____

Account Number _____ Number of Meters _____

Number of Billing Units _____ EDU Rating _____

Billing: Account Created/Updated on: _____ Initials:_____

INSPECTION REPORT

Lateral and Connection Location _____ Meter Reading _____

Connection Approved By _____ Date _____

Remarks _____

_____