

**Borough of Marysville
200 Overcrest Road
Marysville, PA 17053
717-957-3110**

Sewer Connection Permit

Permit # _____

Monthly Sewer Charges Begin at Time of Connection

Permit is Valid for One Year

Tax Parcel No.: _____

Service Address: _____

Billing Address (if different from above): _____

Owner's Name: _____

Owner's Address: _____

Phone No.: _____

Home

Cell

Work

Type of Connection: Residential _____ Non-residential _____

Existing On-Lot Disposal System: Yes _____ No _____

If yes, name of firm performing final pump: _____

Grinder Pump: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone No.: _____

Office

Cell

I hereby acknowledge that I am aware of the requirements of the rates, Rules, and Regulations of the Marysville Borough and that the work to be performed under this permit shall conform thereto. I further acknowledge that I am the owner of the above property, or authorized to sign this permit on behalf of the owner. **This form must be present at the job site at the time of inspection.**

Signature

Date

Connection Fee: _____ Tapping Fee: _____ Customer Facilities Fee: _____

Total Fee: _____

Received By: _____

TO BE COMPLETED BY INSPECTOR

Make sure you contact the Borough Office at 957-3110 at least 24 hours in advance to schedule your inspection.

PERMISSION TO CLOSE THE BUILDING SEWER TRENCH MUST BE NOTED IN WRITING ON THIS FORM. FAILURE TO DO SO MAY RESULT IN REEXCAVATION OF THE TRENCH.

Service Address: _____

Air Test/Trench: _____ Date: _____

Permission to Connect to the Sanitary Sewer System _____ Date: _____

_____ Date: _____

Approval/Authorized Signature

NOTE: ALL DEPTHS, GRADES, AND DISTANCES SUPPLIED BY THE BOROUGH OF MARYSVILLE ARE TO BE CONSIDERED APPROXIMATE. ALL LOCATIONS SHOULD BE VERIFIED BY EXCAVATION PRIOR TO CONSTRUCTION OF THE BUILDING SEWER.

***ADDITIONAL FEES FOR ANY FAILED INSPECTIONS.**