



**SEWER LATERAL REPAIR PERMIT
LOWER POTTS GROVE TOWNSHIP**

2199 Buchert Rd. Pottstown, PA 19464 (610) 323-0436 Fax (610) 323-3824

| | |
|---|---|
| Applicant Information | Applicant Name: _____ Date Submitted: _____ |
| | Property Address: _____ |
| | City: _____ Zip Code: _____ |
| | Daytime Phone Number: _____ |
| | Project Description |
| Please use this space to describe the project: _____ _____ _____ _____ _____ | |
| Estimated starting date: _____ Est. Completion Date: _____ Project cost: _____ | |

| Contractor (if applicable) | Address and Phone | Is Contractor registered with the Township / PA State No: |
|----------------------------|-------------------|---|
| General Contractor | | |
| Plumbing Contractor | | |

Applicant Signature: _____ Date: _____

| | |
|--|-------------|
| \$34 FEE PAYABLE TO LOWER POTTS GROVE TOWNSHIP. | |
| PAYMENT: CHECK NO: _____ CASH: _____ | DATE: _____ |
| INSPECTED BY: _____ | DATE: _____ |