



# LOWER POTTS GROVE TOWNSHIP AUTHORITY

2199 Buchert Road, Pottstown, PA 19464 610-323-0436 Fax: 610-323-3824  
Email: [feedback@lowerpottsgrove.org](mailto:feedback@lowerpottsgrove.org)  
[www.lowerpottsgrove.org](http://www.lowerpottsgrove.org)

## Sewer Connection Permit Application

Application for permission to connect into the Lower Pottsgrove Authority Wastewater System.

### PROPERTY INFORMATION:

Property Address: \_\_\_\_\_

Tax Parcel Number: 42-00-\_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Zoning District: \_\_\_\_\_

*A check payable to Lower Pottsgrove Authority for the costs as outlined below is due at time of submission.*

#### RESIDENTIAL FEES

<i>Tap in Fee</i>	\$2,243.00
<i>Connection Fee</i>	\$200.00
<i>Account Fee</i>	\$50.00
<b>TOTAL RESIDENTIAL FEE</b>	<b>\$2,493.00</b>
<b>REMEDICATION CAPACITY FEE</b>	<b>\$3,000.00</b>
<b><u>TOTAL CHECK AMOUNT</u></b>	<b><u>\$5,493.00</u></b>

#### COMMERCIAL FEES

<i>Tap in Fee</i>	\$2,720.00
<i>Connection Fee</i>	\$200.00
<i>Account Fee</i>	\$50.00
<b>TOTAL RESIDENTIAL FEE</b>	<b>\$2,970.00</b>
<b>REMEDICATION CAPACITY FEE</b>	<b>\$3,000.00</b>
<b><u>TOTAL CHECK AMOUNT</u></b>	<b><u>\$5,970.00</u></b>

Applicant, in signing this form agrees that all information provided is accurate. Applicant agrees to conform to the conditions outlined herein.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Fees Paid:  Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Authority Manager Approval Signature: \_\_\_\_\_ LPTA Approval Date: \_\_\_\_\_

Sewer Billing Clerk Signature: \_\_\_\_\_