



Upper Dublin Township
 801 Loch Alsh Avenue
 Fort Washington, PA 19034
 215-643-1600 (phone)
 215-643-8843 (fax)
 www.upperdublin.net

Sewer Lateral Inspection Permit Application

PLEASE PRINT OR TYPE ALL INFORMATION - IF NOT APPLICABLE, WRITE "N/A"
INCOMPLETE INFORMATION MAY DELAY PERMIT APPROVAL

PERMIT #	BUILDING PERMIT #	DATE ISSUED:	
LOCATION OF BUILDING			
Address:			
Parcel No.: 54-00-	Block / Unit No.:	Zoning District:	
PROPERTY OWNER / MANAGEMENT COMPANY			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
LESSEE / TENANT			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
CONTRACTOR			
Name & Company:			
Address (including City, State, Zip):			
Phone:	Fax:	Cell:	Email:
Workers Compensation Form: Attached	On File	Certificate of Insurance: Attached	On File
PROPOSED WORK			
Sewer Repair/Replacement:	New Sewer Connection (must submit approval from Bucks County Water & Sewer):		
Type of Material Used:			
Size of Pipe Used:			
Number of Clean Outs Installed & Location: Please Note: Cannot be in the Right-of-Way			
Grinder Pump: Yes No	Existing Septic Tank: Yes No		
Other Information / Work done in Right of Way?:			
Estimated Cost of Construction:			
Permit Fee: \$30 + \$4 UCC fee = \$34 - ATTACHED SEWER DRAWING/SKETCH FORM MUST BE SUBMITTED AT TIME OF SEWER INSPECTION			

APPLICANT CERTIFICATION

"I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that all information on this application is correct and will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by Upper Dublin Township.

I understand that an application for a Sewer Inspection Permit and payment of the permit fee does not constitute issuance of a permit and permission to start the job. No work may start until the permit application has been reviewed, approved, and processed, and the Permit is issued.

Finally, the attached sewer drawing/sketch will be submitted at the time of sewer inspection."

Printed Name & Company:

Applicant's Signature:

Date:

INSPECTIONS REQUIRED PRIOR TO FILLING IN THE HOLE, INCLUDE BUT ARE LIMITED TO:

Backfill screenings or sand 6" under and 6" over pipe minimum

Pressure test required - 5 psi air or water 10' head



OFFICE USE ONLY:

Approved by:

Date:

Comments:

Multiple horizontal lines for entering comments.



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Sewer Drawing

Property Location:	
Property Owner and Email Address:	
Contractor's Company and Email Address:	
Date:	Permit #
Sewer (Repair):	Sewer (New):

Scale: 1/4" = 10 feet	SKETCH OF SEWER LOCATION
A large grid area for sketching the sewer location, consisting of many small squares.	