



SPRING GARDEN TOWNSHIP
558 South Ogontz Street, York, PA 17403
Phone: (717) 848-2858 Fax: (717) 854-8257
Website: www.springgardentwp.org

APPLICATION FOR SEWER CONNECTION

OFFICE USE ONLY

DATE _____ SEWER CONNECT # _____
SEWER DISTRICT _____ PLUMBING PERMIT # _____
TAX PARCEL # _____
PERMIT ISSUED _____ SEWER CONNECTION FEE \$ _____
DATE IF NOT SAME AS DATE LISTED ABOVE _____
Permit issued by: _____
PLUMBING INSPECTOR OR AGENT FEE COLLECTED BY _____

Application is hereby made for the connection to the Spring Garden Township Sanitary Sewer System for the property located at:

ADDRESS

Property Owner _____

Property Owner Address _____
(IF DIFFERENT FROM ABOVE)

Name of Plumber who will make the connection: _____

Address of Plumber _____

Person making application: OWNER () PLUMBER () PLUMBER'S NO. _____

Name of agent if different from owner or plumber _____

DATE PLUMBER / CONTRACTOR TO BEGIN EXCAVATION _____

Number of Sewer Rental Units _____

NOTE: SEWER TREATMENT AND MAINTENANCE CHARGES SHALL BE COLLECTED FROM THE OWNER FOR EACH SEWER RENTAL UNIT.

COMMENTS: