

**Application for Sanitary Sewer Construction and Connection to the Public Sewers**

MONTGOMERY TOWNSHIP MUNICIPAL SEWER AUTHORITY  
1001 Stump Road  
Montgomeryville, PA 18936  
Telephone 215-393-6930 Fax 215-362-8711

Application for Sanitary Sewer Construction and Connection to the Public Sewers

ALL PLANNING MODULES AND EXEMPTION REQUESTS ARE TO BE SUBMITTED TO THE AUTHORITY  
AND NOT DIRECTLY TO THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Name of Applicant and Full Mailing Address\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Tax Identification Number \_\_\_\_\_

Property in Question:  
Location \_\_\_\_\_  
\_\_\_\_\_

Area of Property (in acres) \_\_\_\_\_  
Montgomery County Parcel Number(s) \_\_\_\_\_

Description of existing buildings and use of property (if vacant, so indicate) \_\_\_\_\_  
\_\_\_\_\_

Description of proposed buildings and use (s) of property \_\_\_\_\_  
\_\_\_\_\_

Name and address\* of legal owner of property (Attach a copy of deed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address\* of equitable owner of property (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address\* of developer of property (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address\* of person or entity that will own the property upon completion of construction of sewer facilities \_\_\_\_\_

\_\_\_\_\_

Explanation of quantity of sewage generated on property, based on number of people in household, number of employees, estimated average daily water consumption, number of separate stores, users, tenants, etc. \_\_\_\_\_

\_\_\_\_\_

Sewer Plan – attach for any connection other than a single family home.

State whether the existing or proposed use of the property includes the use of oil or grease products; in which a non-residential kitchen or food preparation or dining facility is located, or which has the capability of producing grease. \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, describe oil or grease use \_\_\_\_\_

\_\_\_\_\_

REQUIRED VERIFICATION: I am the owner or equitable owner of the subject property, or I am authorized to submit this application on behalf of the business entity owner/equitable owner. I verify that the information stated above is true upon my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of Title 18 Pennsylvania Consolidated Statutes, Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

If different from above, state name, address, phone number and email address of primary person for follow up contacts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If P. O. Box, also show street address