

TINICUM TOWNSHIP

Bucks County

Sewage Management Permit Application

1. Tax Parcel No. of Lot: _____
Address of Lot: _____
Zoning District Classification of Lot: _____ Lot Size: _____

2. Name of Applicant: _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

3. Owner of Lot: _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

4. Name of Engineer: _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

5. Name of Contractor: _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

6. Name of Operator (if applicable): _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

7. Name of Pumper/Inspector: _____
Address: _____

Telephone No.: _____ Mobile No.: _____ Fax No.: _____

8. Proposed Use of Property: _____

No. of EDUs needed to be treated: _____

9. Primary sewage management system proposed: _____

If applicable, provide reason why a higher priority method cannot be employed upon the site: _____

10. Replacement sewage management system proposed: _____

If applicable, provide reason why a higher priority method cannot be employed upon the site: _____

11. Estimated Start Date: _____ Estimated Completion Date: _____

All information contained herein is true and correct to the best of my knowledge and belief.

Name (Please Print)

Signature

Date

FOR TOWNSHIP USE ONLY:

Sewage Management Permit #: _____ Certificate Submitted: _____

Yes No

Zoning District: _____ Engineering Submitted: _____

Yes No

Sewage Management Permit Fee: \$ _____ Permit Approval Date: _____