

**Waymart Area Authority**  
**Sewer Connection Permit Application**  
 66 Railroad Lane  
 Waymart, PA 18472

Permit Location			
Permit Address or Location:			
Permit Lot or Pin No.	Building Permit No.		
Applicant/ Owner			
Name		Address	
City	State	Zip	Telephone
Proposed Use of Building (See Page 2 for Plot Plan)			
Residential Single Family: <input type="checkbox"/> Yes <input type="checkbox"/> No		Residential Two or More Family: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, No. of Units: _____	
Non – Residential: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe proposed name and use of building.			
No. of Employees or Equivalent Dwelling Units (EDUs) as per Rules and Regulations: _____			
Signature of Applicant			
<p>The undersigned hereby applies to connect the herein designated property with the Sanitary Sewer System of the Waymart Area Authority (WAA).</p> <p>Upon date of issuance, the permit will be valid for two years, unless Pennsylvania Department of Environmental Protection approval is needed, then it is valid for three years.</p> <p>A sewer connection permit can be renewed upon payment by the owner at the monthly sewer rental fee. If owner fails to pay the monthly sewer fee for a period of three months, WAA may revoke the sewer connection permit. In the event a sewer connection permit expires without renewal, any and all fees previously paid by the applicant shall be forfeited, and a new sewer permit must be issued prior to the completion of any connection.</p> <p>All construction will be completed in accordance with the WAA Rules and Regulations.</p> <p>Signature: _____ Date: _____</p> <p>Signature: _____ Date: _____</p>			

**Building Plan**

Please make a sketch of proposed site layout including existing and proposed pipe locations in relation to the building and the main sewer line.

WAA Office Use Only			
No. of EDUs	Street Lateral Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tapping Fee x No. of EDUs =	Tapping Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Permit Validation			
Permit Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit No:	Date Issued:	
Approval Signature:	Title:	Date:	