



LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
7811 NEW FALLS ROAD, LEVITTOWN, PA 19058

SANITARY SEWER LATERAL REPLACEMENT PERMIT

ADDRESS OF LATERAL REPLACEMENT: _____

MASTER PLUMBER / APPLICANT		PROPERTY OWNER	
NAME: _____		NAME: _____	
ADDRESS: _____	<p>VOID This permit is for information purposes only. In order to obtain a valid permit please contact 215-946-0731</p>	_____	_____
CITY: _____ ST _____		_____	_____
PHONE #: _____		_____	_____

Permission is granted to replace the above referenced Sanitary Sewer Lateral subject to the following conditions:

- The sanitary sewer lateral is to be constructed in accordance with all rules and regulations of Lower Bucks County Joint Municipal Authority (Authority) as well as the attached Guidelines for Lateral Replacement which are a part of this permit.
- This permit is not valid until a Township/Borough Permit has also been obtained. The connection shall also be constructed in accordance with all governing Township/Borough Regulations.
- Inspection of the installation shall be made by Authority Personnel. **Inspections are performed Monday thru Friday between the hours of 7:30 a.m. – 2:00 p.m. and REQUIRE 24 HOUR ADVANCE NOTICE. Contact 215-946-0731 to make arrangements for this inspection.**
- The Applicant agrees not to backfill any trench in which any pipe or appurtenance has been installed until the Authority has inspected and approved the construction. Failure to do so shall cause the Applicant to uncover the trench and the pipe laid therein, and keep the same open until the Authority has inspected and approved the completed work and/or appurtenance(s). The Applicant is responsible for maintaining safe working conditions and safe trench conditions at all times.
- The Applicant shall utilize the existing connection. The Authority will not permit a new connection to be made to the sanitary sewer main.
- This permit becomes void 30 days from the permit date. An additional non-refundable permit fee will be required on the 31st day.

I/We the representative(s) of the owner(s) of the property for which this permit has been issued signify that I/we have read this permit and agree to comply with the provisions contained herein.

VOID
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****THIS PERMIT SHALL BE POSTED ON THE JOB SITE AT ALL TIMES****

INSPECTION INFORMATION	
This permit has been approved for issuance :	
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This permit expires on: _____	Approved by: _____
Payment method: _____	Connection Type: <input type="checkbox"/> Saddle <input type="checkbox"/> Concrete Joint
	Other: _____