Sanitary Sewer Connection and Repair Application

Camp Hill Borough
2145 Walnut Street
Camp Hill PA 17011 – Phone 717-737-3456

Property Owner: _____ Phone: _____ Fax:_____

Property Address:_____City:_____State:_____Fax:_____

Owners
Address (if different):_____ City:_____ State:_____ Fax:_____

☐ New Installation ☐ Repair **Type of System:** ☐ Gravity ☐ Pressure

Type of Building: ☐ Residential ☐ Commercial
☐ Industrial (Include Sewer Use Permit Application) ☐ Other

Number of EDU's____ Number of Residential Units_____ ICC Use Group_____ Estimated Occupancy Load _____

Description if other than Single Family Residential: _____

Construction to be performed by: ☐ Self ☐ Contractor (Contractor Expected to be employed)

Name:_____ Address:_____ Phone:_____
Submit Insurance form or complete a self-employment addendum.

A Pre-Construction Internal Building Inspection is required for connection to existing structures.

I understand that I may waive this inspection. If I choose to do so, however, I must install a trap and air intake pipe with a vent.

Inspection Waived by:_____ Date:_____

I hereby acknowledge awareness of the requirements of the rules and regulations adopted by Camp Hill Borough and certify that the work performed under this permit either by my self or my contractor shall conform to those standards.

APPLICANT_____ APPLICANT_____ Date:_____
Print Signature