

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: (____) _____ - _____

Owner's Address:
(If Different) _____ City: _____ State: ____ Fax: (____) _____ - _____

2020 Fee: \$250.00 - Mailed with copy of this Application

Description of Project: _____

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 connecting 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 myself or my contractor shall conform to those standards.

APPLICANT: _____ APPLICANT: _____ DATE: _____
Print Signature

Inspected by: _____ DATE: _____

Control # _____

Continuation Form

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Provide a description of the sewer lateral work to be completed. Include the dimensions of excavation, if the work will extend into the public cartway and any information which helps define the scope of the project.

Please circle the area where you will be working.

