

Sewer Permit Application

Revised 2024

(Please print)



Date: _____

Name of Applicant: _____ Daytime Phone: _____

Current Address: _____ Evening Phone: _____

New Building Address: _____

Is this property used only for residential purposes? Yes / No Number of people residing: _____

If your answer is no, please briefly describe all uses of the premises: _____

Is your property a single dwelling unit? Yes / No

How many dwelling units (apartments, condominiums, or other separate living facilities) are situated within the building(s) located at the above address? _____

Do you presently have any sump pumps or after pipes draining your basement? Yes / No

If yes, where do these pipes drain or pump to? _____

- No footer pipes, downspouts, and sump pumps will be permitted to discharge into the public sewer
- The inspector must be notified 24 hours prior to connection to lateral

I certify that the information provided is (true and accurate to the best of my knowledge, information and belief. I understand that the Township of Hemlock will make an inspection to verify the accuracy of the above information.

Signature of Property Owner: _____ Date: _____

◆◆◆◆◆Hemlock Township Supervisors◆◆◆◆◆

26 Firehall Road
Bloomsburg, PA 17815
(570) 784-6178

Application for permit for construction of property sewer lateral to and connection with Sanitary Sewer System

Section I – Identification

Name	Mailing Address	Telephone Number
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1.) Applicant: _____

2.) Land Owner: _____

3.) Contractor: _____

Section II – Site Location

Subdivision: _____ Lot Number: _____

Street Number: _____ Street Name: _____

Section III – Certification

➤ I hereby certify (that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent.

➤ I hereby certify that the owner and his agent are aware of the rules and regulations of Hemlock Township and hereby agree to abide by them, with the [full knowledge that any violation of the said rules and regulations will be cause for revocation of the permit.

Applicant: _____ Date: _____

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY!

Fees Paid : YES NO Permit Issued : YES NO

Agent Issuing Permit: _____ Date Issued: _____

Permit Number: _____

Connection Inspection: _____ Meter Installation: _____