



WEST MIFFLIN SANITARY SEWER & STORMWATER AUTHORITY

www.wmsssa.org

1302 LOWER BULL RUN ROAD
WEST MIFFLIN PA, 15122

PHONE: (412)-466-6070 FAX: (412)-466-8108

SEWER TAP-IN PERMIT APPLICATION

This form is for customers of the West Mifflin Sanitary Sewer & Stormwater Authority that are EXEMPT from Tap-In fees.

PROPERTY LOCATION

Address: _____

Lot & Block: _____

Municipality: West Mifflin Borough

PROPERTY OWNER

Name: _____

Phone #: _____

Address: _____

City, State, Zip: _____

CONTRACTOR

Name: _____

Phone #: _____

Address: _____

City, State, Zip: _____

TYPE OF BUILDING CONSTRUCTION

___ Single Family Residence

___ Multi Family Residence

___ Commercial

___ Industrial

Number of EDU's ____ (For **three** or more EDU's an approved Planning Module must be submitted with the application.)

Is a sewer extension necessary to serve this development? **Yes/No**

If **yes**, then two sets of design drawings prepared by a registered professional engineer or surveyor must be submitted with this application. If **No**, then submit a sketch of how the private lateral will connect to the public sewer.

Does the public sewer abut your property? **Yes/No**

I certify that the information provided above is true and correct to the best of my knowledge.

Signature of Applicant: _____

