

WEST MIFFLIN SANITARY SEWER MUNICIPAL AUTHORITY

www.wmssma.org

1302 Lower Bull Run Road West Mifflin, PA 15122-2902

Phone: (412) 466-6070 Fax: (412) 466-8108

SEWER TAP-IN PERMIT APPLICATION

For Customers EXEMPT from Tap-in-Fees (Sewer extension projects funded by certain types of state or federal grants)

PROPERTY LOCATION

_____ Street Address

_____ Lot & Block #

-
_____ Municipality

PROPERTY OWNER

-
_____ Name & phone

_____ Street Address

-
_____ City, State, Zip

CONTRACTOR

_____ Name & phone

_____ Street address

_____ City, State, Zip

Type of Building Construction

_____ Single Family Residence
_____ Multi Family Residence
_____ Commercial
_____ Industrial

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

(1 EDU = 226 gallons per day).

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
