

OXFORD AREA SEWER AUTHORITY
APPLICATION FOR CONNECTION TO SEWER SYSTEM
(610) 932-3493

Permit Data

Address of Property Served _____
Development Name _____
Name of Owner/s of Property _____
Address of Property Owner/s _____
And/or Billing Address _____

Permit expires twelve (12) months from the issued date appearing below. If the connection to OASA's sewer is not made by that time, the permit may be renewed at the rates then in effect. Credit will be given for the amount paid OASA for this permit.

_____ Initial _____ Date

Check one Residential _____ Commercial _____ Industrial _____

Commercial / Industrial Users your Tapping Fee was based on an estimated water consumption of _____ Gallons per month. This account will be reviewed within one year and annually thereafter and additional Tapping Fees may be charged.

Water Utility Serving Property _____ Number of EDU's _____

In consideration of the granting of this Permit, the undersigned agrees:

1. To accept and abide by all provisions of the Ordinance of _____ concerning the sanitary sewer system constructed by OXFORD AREA SEWER AUTHORITY, including subsequent amendments thereto or revisions thereof; the Rules and Regulations of OXFORD AREA SEWER AUTHORITY and all other applicable Ordinances, Resolutions, Rules and Regulations now in effect or which may hereafter be adopted.
2. To maintain the service line at no expense to OXFORD AREA SEWER AUTHORITY.
3. To notify OXFORD AREA SEWER AUTHORITY when the service line is ready for inspection and connection to the lateral sewer, **which notification shall be given before any portion of the work is covered.**

Applicant Signature

Print Name

Address of Applicant

Phone Number

Date Applied _____
Date Issued _____
Tapping Fee _____
Connection Fee _____
Inspection Fee _____
Total Fees Paid _____
Check # _____
Prepared By _____

Approved by _____

Inspected and Approved by

Pink and Yellow copies must be on site at time of inspection. There will be a \$5.00 charge to replace.