

SUBURBAN LANCASTER SEWER AUTHORITY
PERMIT APPLICATION FOR CONNECTION TO PUBLIC SEWER SYSTEM

RESIDENTIAL

TYPE OF STRUCTURE (SINGLE FAMILY, TOWNHOUSE, ETC.)

NO. OF DWELLINGS (EDUs) _____

COMMERCIAL ESTABLISHMENTS

NAME _____

NUMBER OF EMPLOYEES _____

NUMBER OF UNITS OR ROOMS _____

NUMBER OF CUSTOMER SEATS _____

INDUSTRIAL ESTABLISHMENTS

NAME _____

NUMBER OF EMPLOYEES _____

PROPERTY ADDRESS _____

CITY _____ **STATE** __ **ZIP** _____

LOT NUMBER (IF APPLICABLE) _____

NAME OF OWNER _____

PHONE _____

DATE _____

ADDRESS OF OWNER _____

CITY _____ **STATE** __ **ZIP** _____