BOROUGH OF EDINBORO

BUILDING AND ZONING CODE DEPARTMENT

124 Meadville Street, Edinboro, PA 16412 // (814) 734-1812 ext. 139 / edinboro.codes@gmail.com

Residential or Commercial Building Water / Sewer Application

Property Address: ..... Zoning District: .....

Parcel ID #: ..... Occupancy: .....

Property Owner: ..... Phone:

Address if other: ..... Email: .....

Contractor Name: ..... PA Registration: .....

Contractor Address: .....

Contractor Phone: ..... Contractor Email: .....

Project

☐ Commercial ☐ Residential ☐ Sewer ☐ Water ☐ Repair ☐ Replace

The undersigned, being the ◯ owner ◯ agent ◯ contractor for the property located at the above referenced address does hereby request a permit complete the project described above.

Is the site located within an identified flood plan area? ◯ Yes ◯ No

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

1. To accept and abide by all provisions of the Borough of Edinboro Ordinance for the Regulation of Water and/or Sewer Use, the Borough of Edinboro Rules and Regulations for Installing Building Water and/or Sewers, the Borough of Edinboro Water and/or Sewer Rate Ordinance and all other pertinent ordinances or regulations that may be adopted in the future.
2. To maintain the building water and/or sewer at no expenses to the Borough or Authority.
3. To notify the Borough or its duly authorized representative when the building water and/or sewer is ready for inspection and/ or re-connection to the public service, but before any portion of the work is covered.

_____ _____

Owner / Agent / Contractor Date

Building & Zoning Department Only - (Fines may be assessed for starting work without permit)

Flood zone: _____ / Site Plan: _____ / Permit _____ / Fines _____

Received: ..... Approved ◯ - Denied ◯ - Additional Information Requested ◯

Permit #: ..... Invoice #: ..... Notes: .....

Payment: Cash ◯ - Check ◯ (NO. _____) - Money Order ◯ - Charge ◯

Owner/contractor contacted to pick-up permit/placard

Building & Zoning Administrator Date

CASHIERED ON: _____ BY: _____