



Borough of Somerset Building Inspection Department

P.O. Box 71, 347 West Union Street
Somerset, PA 15501-0071
Office: (814) 445-5595 * Fax: (814) 445-3931
www.somersetborough.com

Application for Sewage Service

OFFICE USE

Date: _____ Permit Fee: _____
Permit No.: _____ Date Paid: _____
Building Permit No.: _____ Check No.: _____

Proposed Use

Residential

Single Family Multi Family

Commercial

Retail Restaurant Apartment Building
 Hotel/Motel Church/Religious Hospital
 Office, Bank, Professional School Other _____

Property Location: _____

Owner: _____

Owner Address (If different from above): _____

Phone No.: _____ Cell Phone No.: _____

It is the owner or agent's responsibility to provide to the Borough of Somerset for any commercial use the average daily flow that will be used for the proposed construction.

Average Daily Flow: _____ EDU's Requesting: _____

The undersigned hereby agrees to abide by all rules, regulations and ordinances governing the Borough of Somerset's Sewage System currently in existence or as amended.

PRINT Applicant Name: _____

Applicant Signature: _____ Date: _____

Building Code Official: _____ Date: _____

For more information regarding building permits/zoning visit our website: www.somersetborough.com