



Borough of Somerset

Sanitary Sewer Connection Application

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

PROPERTY OWNER			
Name:		Phone:	
Mailing Address:		City:	
State:	Zip:	Email:	

BUILDING TYPE

Single Family Dwelling
 Duplex
 Apartment
 Multi-Unit
 Other: _____

PROPERTY INFORMATION

Address:			
Parcel ID:	City:	Zip:	

APPLICATION TYPE

New Construction/Service Lateral
 Replacement/Upgrade

 Existing Service

SERVICE TYPE(S) & SIZE

(SELECT ALL THAT APPLY)

Residential
 Commercial
 Industrial
 Institutional
 Other

Sewage
 EDUs Requested _____

Pipe Material and size* _____
 *To be installed per the Rules and Regulations and specifications

By signing and submitting this Application for Sewer service I hereby agree to all requirements of the Municipal Authority of the Borough of Somerset's Rules and Regulations, agree to pay all appropriate fees, and certify that the information provided on this application is true and correct. I further understand that providing false information may result in termination of service.

Property Owner Signature: _____ **Date:** _____

OFFICE USE					
Permit No.:		Permit Fee:		Chk No.:	
Bldg Permit No.:		Date Paid:		Date Paid:	