

# Doylestown Township Municipal Authority

425 Wells Road • Doylestown • Pennsylvania 18901

## WATER CONNECTION PERMIT APPLICATION MADE TO DOYLESTOWN TOWNSHIP MUNICIPAL AUTHORITY TO CONNECT TO PUBLIC WATER SUPPLY

Street Address		Apt. or Tenant Address		City and State		Zip	
Subdivision	Lot Number	Parcel Number		Zoning District		Construction Est. Value \$	

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ State Contractor Lic. No: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(All Contractors to supply workers comp/liability insurance certificate naming Doylestown Township Municipal Authority as co-insured.)

To prevent contamination of the public water supply with water from outside sources, the property owner is responsible to provide **BACKFLOW PROTECTION** and to **ELIMINATE CROSS CONNECTIONS** by complying with the following:

The connection to Public Water is to be made in compliance with:

- Title 25, Chapter 109.709(A)(1) of the Pennsylvania Code
- The Safe Drinking Water Act
- Doylestown Township Ordinance No. 350
- The Pennsylvania Uniform Construction Code as amended
- The ICC International Plumbing Code 2009 and future editions

**APPLICATION GUIDELINES:** Forms also available at [www.doylestownpa.org](http://www.doylestownpa.org) Make checks payable to DTMA

1. Enclose 3 copies of a site plan indicating the location of all water supply connection features; (piping, meter pits, back flow devices, shut-off valves, water heater expansion tank).
2. Provide 3 copies of equipment specifications/cut sheets for back flow devices, type of piping, etc., to indicate compliance with the Township ordinances and the ICC International Plumbing Code.
3. Complete the PLUMBING/SPRINKLER PERMIT APPLICATION for the new water connection and return with this Water Connection Permit Application.

**PLEASE NOTE: The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all construction work authorized by the issuance of this permit.**

**The undersigned agrees to abide by all Ordinances and Regulations of the Municipality where the property is located; and all Resolutions, Rules and Regulations of the Doylestown Township Municipal Authority. The property owner further agrees to maintain the water lateral at no expense to the Municipality or Authority.**

By signing this application, authorization is granted to any municipal representatives of Doylestown Township to access the above property as stated within this application and attached sub-trade permit application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Doylestown Township zoning and building code ordinances. The application together with the signed site plan and construction documents is made part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement and repair of any township road to township standards which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief. All information contained in this application becomes part of the Public Record.

Date: \_\_\_\_\_ Signature of Applicant(s) \_\_\_\_\_

Print Applicant(s) Name(s) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Property Owner(s) \_\_\_\_\_ (Required)

Print Property Owner(s) Name(s) \_\_\_\_\_ (Required)

**Please call Doylestown Township at 215-348-9915 to schedule inspections at least 24 hours in advance.**

**Plumber to notify Inspector for Municipality when water lateral is ready for inspection and connection to public water BEFORE ANY PORTION OF THE WORK IS COVERED.**

**For Doylestown Township Municipal Authority Use Only**

<u>METER FEES</u>	<u># OF UNITS</u>	<u>METER SIZE</u>	<u>METER FEE</u>	<u>TOTAL METER FEE DUE</u>
Residential	_____	_____	_____	Amount \$ _____
Non-residential	_____	_____	_____	Date Paid _____
Commercial	_____	_____	_____	Received By _____
Industrial	_____	_____	_____	
Institutional	_____	_____	_____	

**CONNECTION FEES**

WATER CONNECTION	_____			
TAP-IN/CAPACITY	_____			
TAP-IN/DISTRIBUTION	_____			<b><u>TOTAL CONNECTION FEES DUE</u></b>
CONSTRUCTION WATER	_____			Amount _____
OTHER FEES	_____			Date Paid _____
TOTAL	_____			Received By _____

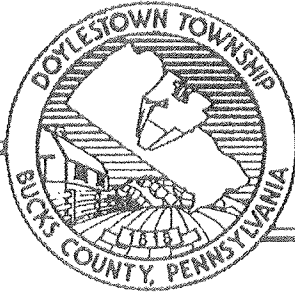
ACTUAL METER SIZE: \_\_\_\_\_

**APPROVED BY:**  
 Municipal Authority Inspector's Signature \_\_\_\_\_  
 Print Inspector's Name \_\_\_\_\_  
 Date \_\_\_\_\_

**THE CONNECTION COVERED IN THE ABOVE APPLICATION HAS BEEN INSPECTED AND APPROVED BY:**

Municipal Authority Inspector's Signature \_\_\_\_\_  
 Print Inspector's Name \_\_\_\_\_  
 Date \_\_\_\_\_

township of



doylestown

Phone: 215-348-9915 • Fax: 215-348-8729  
Website: www.doylestownpa.org

425 Wells Road • Doylestown, PA 18901

PLUMBING OR  SPRINKLER PERMIT APPLICATION (please check)

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contractor State Registration No: \_\_\_\_\_  
Contractor/Applicant  
Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
\_\_\_\_\_

Owner Phone No: \_\_\_\_\_  
Owner Cell No: \_\_\_\_\_

Contractor Phone No: \_\_\_\_\_  
Contractor Cell No: \_\_\_\_\_

Location of Work: \_\_\_\_\_  
Type of Building:  Residential  Non-Residential  
Used as: \_\_\_\_\_

ENCLOSE 2 COPIES OF PLANS/SPECIFICATIONS

Type of Work: (check one)  New  Addition  Alteration  Repair  Other

Total Cost of Work: \_\_\_\_\_

Type:	Quantity:	Fees:
Water Supply Connection		
Toilet/Urinal		
Sink/Lavatory		
Bath		
Shower		
Washing Machine		
Dishwashing Machine		
Ice Maker		
Garbage Grinder		
Sewage Ejector/Sump Pump		
Tank and Heater/Solar Heater		
Baseboard		
Humidifier		
Drinking Fountain		
Floor Drain		
Grease Trap		
Fire Pump/Sprinkler System		
Miscellaneous Fixture		
<b>Total Fixtures and Fee:</b> (Twp. use only)		
<b>PA UCC Surcharge Fee:</b>	<b>\$4.00</b>	
<b>Total Fees:</b> (Twp. use only)		

By signing this application, the applicant certifies that all the information is correct and that the property owner has authorized work and Township inspection of that work. All work to comply with the PA UCC as amended. Please call Doylestown Township at 215-348-9915 to schedule inspections at least 24 hours in advance.

DATE: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ (Required)  
Print Applicant's Name \_\_\_\_\_ (Required)