



BEDMINSTER MUNICIPAL AUTHORITY
TOWNSHIP OF BEDMINSTER, BUCKS COUNTY, PENNSYLVANIA

442 ELEPHANT ROAD
PERKASIE, PENNSYLVANIA 18944

(215) 249-1042
FAX (215) 249-3587

APPLICATION FOR RESERVE SEWER CAPACITY

(NOTE: THIS APPLICATION IS NON TRANSFERRABLE BY APPLICANT)

Name of Applicant: _____

Address: _____

_____ ZIP _____

Telephone Number: _____

Location or Address of Property _____

Tax Parcel Number: _____ Zoning Classification _____

Date of Application: _____

Proposed Use: _____

Number of Equivalent Dwelling Units (E.D.U.'s) Desired: _____

Estimated Date of Connection to BMA: _____

Name of Contractor or Plumber: _____

Address of Contractor or Plumber: _____

Telephone Number of Contractor or Plumber: _____

Total Amount Submitted With Application for Reserve Sewer Capacity at \$3,500.00

per E.D.U. _____

By signing this Application, Applicant agrees to pay debt service charges or rental charges established by the Authority in advance of service and the Applicant and the Authority hereby agree to comply with all provisions of the attached Authority Resolution which is incorporated herein by reference, and which Resolution may be amended from time to time by the Authority. Applicant further agrees to be responsible for all work and costs of connection of the subject parcel to the Authority's system. Upon actual connection to the sewage system, Applicant agrees to conform to all rules and regulations set forth by the Authority, the Township of Bedminster, the Bucks County Board of Health and Pennsylvania or Federal Departments of Environmental Protection having jurisdiction. The reservation, once accepted by the Authority, stays with the parcels identified above, and must be transferred to a new owner of said parcel only with the consent of the Authority. The cost of connection, including all laterals, is the responsibility of the property owner. All connections to the sewer system must comply with all Authority rules and regulations and resolutions.

Applicant

Approved by the Bedminster Municipal Authority at a public meeting with a proper quorum present the _____ day of _____, 200_.

ATTEST:

BEDMINSTER MUNICIPAL AUTHORITY

Secretary

By: _____
Chairperson