

TINICUM TOWNSHIP
Bucks County, PA
Sewage Management Permit Application

1 Tax Parcel Number of Lot 44-_____

Address of Lot

Zoning District Classification of Lot Lot Size

2 Name of Applicant _____

Address

Telephone Number Mobile Number Fax Number

3 Owner of Lot _____

Address

Telephone Number Mobile Number Fax Number

4 Name of Engineer _____

Address

Telephone Number Mobile Number Fax Number

5 Name of Contractor _____

Address

Telephone Number Mobile Number Fax Number

6 Name of Operator (if applicable) _____

Address

Telephone Number Mobile Number Fax Number

7 Name of Pumper/Inspector _____

Address

Telephone Number Mobile Number Fax Number

Sewage Management Permit Application continued

8 Proposed Use of Property

Number of EDUs needed to be treated _____

9 Primary sewage management system proposed

If applicable, provide reason why a higher priority method cannot be employed upon the site

10 Replacement Sewage Management System proposed

If applicable, provide reason why a higher priority method cannot be employed upon the site

11 Estimated Start Date / / Estimated Completion Date / /

All information contained herein is true and correct to the best of my knowledge and belief.

Name (please print) Signature Date

FOR TOWNSHIP USE ONLY	
Sewage Management Permit # _____	Certificate Submitted YES ___ NO ___
Zoning District _____	Engineering Submitted YES ___ NO ___
Sewage Management Permit Fee _____	Permit Approval Date / /