



**SEWER LATERAL REPAIR PERMIT
LOWER POTTS GROVE TOWNSHIP**

2199 Buchert Rd. Pottstown, PA 19464 (610) 323-0436 Fax (610) 323-3824

Applicant Information	Applicant Name: _____ Date Submitted: _____
	Property Address: _____
	City: _____ Zip Code: _____
	Daytime Phone Number: _____
Project Description	Please use this space to describe the project: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	Estimated starting date: _____ Est. Completion Date: _____ Project cost: _____

Contractor (if applicable)	Address and Phone	Is Contractor registered with the Township / PA State No:
General Contractor		
Plumbing Contractor		

Applicant Signature: _____ Date: _____

\$154.50 FEE PAYABLE TO LOWER POTTS GROVE TOWNSHIP.	
PAYMENT: CHECK NO: _____	DATE: _____

INSPECTED BY:	DATE: