

APPENDIX B

**SERVICE APPLICATION, EXAMPLE PERMIT
AND APPLICATION FOR INSPECTION**

SANITARY SEWER PERMIT APPLICATION

Fairchance Georges Joint Municipal Sewage Authority
141 Big Six Road, Smithfield, Pennsylvania 15478
724-564-1010 * FAX 724-564-1000
www.fgjmsa.com

Parcel # _____

Property Owner Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Is this a rental? Yes or No Is this a multiple unit building? Yes or No

Mailing Address of Property Owner: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ E-mail: _____

Permits are issued in accordance with Fairchance Borough Ordinance 4-1987 and Georges Township Ordinance 5-1988 and is subject to the rules and regulations of the Fairchance Georges Joint Municipal Sewage Authority. Construction of the service lateral must comply with the current regulations of the Fairchance Georges Joint Municipal Sewage Authority NO CONNECTIONS TO SANITARY SEWAGE UNTIL TAP FEE IS PAID IN FULL AND PERMIT IS RECEIVED BY PROPERTY OWNER! THIS IS NOT A PERMIT TO TAP!

ALL SEWAGE BILLS WILL BE SENT TO PROPERTY OWNER! NO EXCEPTIONS!

Acknowledged: _____ Date _____

Property Owner

Single Family Residential Tap Fee: \$1,500.00 Make checks payable to: FGJMSA

Credit Card (Visa/Mastercard) # _____ Exp. _____

CV2 Code (3 digit on back of card) _____ Zip Code: _____

FGJMSA OFFICE USE ONLY:

Rcvd: _____ By: _____ Check# _____ CC Approval Code: _____

Permit Issued on: _____ By: _____

Payment Agreement Signed: _____ Rcvd by: _____

SANITARY SEWER CONNECTION PERMIT

Fairchance Georges Joint Municipal Sewage Authority
141 Big Six Road, Smithfield, Pennsylvania 15478
724-564-1010 * FAX 724-564-1000
www.fgjmsa.com

Date:

Sewage Act #

Parcel #

Permit Issued to:

Service Address:

Mailing Address:

Phone: _____ Mobile: _____ E-mail: _____

Special Tap In Requirements: See Attached Sheets Meter Size: 3/4"

Tap Connection Fee: \$1,500 Paid:

Permit Issued by –

This permit is issued in accordance with Fairchance Borough Ordinance 4-1987 and Georges Township Ordinance 5-1988 and is subject to the rules and regulations of the Fairchance Georges Joint Municipal Sewage Authority. Construction of the service lateral must comply with the specifications and drawings attached hereto. **IT IS ILLEGAL TO CONNECT ROOF, DRIVEWAY AND FRENCH DRAINS OR ANY OTHER NON-SANITARY SOURCE TO THE SEWAGE SYSTEM. ALL BILLS WILL BE SENT TO PROPERTY OWNER! NO EXCEPTIONS!** This permit is good for a period of one (1) year from its date of issuance.

Acknowledged: _____ Date _____
Property Owner

All sewer connections must be inspected and approved by authorized personnel of the Fairchance Georges Joint Municipal Sewage Authority before it is backfilled. **A 24 hour notice must be given prior to inspection.** Arrangements for inspection may be made by calling the sewage treatment plant at 724-564-1010 between the hours of 9:00 A.M. and 3:00 P.M. Monday through Friday. **No inspections will be performed on Saturday or Sunday.**

Final Inspection by _____ Date _____

Inspected by Board Member _____

Remarks:

Fairchance Georges Joint Municipal Sewage Authority

141 Big Six Rd
Smithfield, PA 15478

Phone: 724-564-1010

www.fgjmsa.com

Fax: 724-564-1000

Application for Inspection of Property for Certification
\$150.00 Fee Due at Application

Parcel # _____

Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Sewage Act #: _____

Date of Application: _____ Date of Closing: _____

Please answer questions to the best of your ability (circle all that apply):

Downspouts discharge - above the ground or in ground

Is there a sump pump in the residence - Yes or No
If Yes - Do you know where it discharges? Yes or No

Are the basement floor drains hooked to the Sanitary Sewage System - Yes or No

Signature of Applicant: _____ Date: _____

FGJMSA Employee Receiving Application: _____

An Inspection will be scheduled within 14 business days of this application. FGJMSA will give a 24 Hr. notice before the inspection. Please make sure that an Adult (18+) is home to assist FGJMSA Employees with Inspection. Access to your basement and other areas of the house is necessary for Certification.

FOR OFFICE USE ONLY

Date of Scheduled Inspection: _____

Applicant Notified of Date and Time of Inspection: Yes or No

FGJMSA Employee performing Inspection: _____

Board Member performing Inspection: _____

Application fee Received: Ck # _____ CC or Cash