



**Biglerville Borough Council**  
**33 Musselman Avenue**  
**Biglerville, PA 17307**  
**PH: 717-677-9488 / FAX: 717-677-4027**  
**Email: office@biglerville.us / [www.biglerville.us](http://www.biglerville.us)**

**APPLICATION FOR SANITARY SEWER CONNECTION PERMIT**

The undersigned hereby makes application to the Borough of Biglerville and to the Biglerville Borough Authority for permission to connect the sanitary drainage facilities of the property below with the Biglerville Sanitary Sewage System. The following facts are represented by the undersigned to be a true basis for granting such permission:

Applicant Name: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Type of Building to be Connected: \_\_\_\_\_

Present Use of Building to be Connected: \_\_\_\_\_

Number of persons living in, working in, or using the building: \_\_\_\_\_

Location of Property to be Connected: \_\_\_\_\_

Layout of Property:

Show location of building, names of streets, and point of connection  
 If additional space is needed, please use a separate sheet of paper.

Name of Person who will make connection: \_\_\_\_\_

Is connection through new or existing pipe:     New Pipe             Existing Pipe

Type and size of pipe: \_\_\_\_\_

The undersigned agrees that if permission is granted at this time by the Borough and the Authority for the use of an existing pipe for the initial building connection for the property described above, the undersigned will replace such existing pipe in accordance with the Rules and Regulations of the sewerage system at any time in the future as directed by the Borough or Authority.

\_\_\_\_\_  
 Signature of Applicant

**THIS SPACE FOR OFFICIAL USE ONLY**

Date Permit Approved: \_\_\_\_\_

Pipe to be Used:     New             Existing

Permit #: \_\_\_\_\_

Typ & Size of Pipe: \_\_\_\_\_

Connection Fee: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date Connection Made: \_\_\_\_\_

Approved By: \_\_\_\_\_