CITY OF LEBANON AUTHORITY
2311 Ridgeview Road, Lebanon PA 17042
Phone: 717-272-2841 Fax: 717-272-1984

SANITARY SEWER CAPACITY & LATERAL PERMIT APPLICATION

I, _____ the undersigned, do hereby make application for a sanitary sewer lateral.

Type of Building: ____ Residential ____ Commercial ____ Industrial

____ Apartments (___ Units) ____ Restaurant ____ Other _____

SERVICE ADDRESS: _____

_____

_____ Township/Borough/City

Development (If applicable): _____

Company (If applicable): _____

Applicant's Phone Number: _____

_____		_____	
Signature of Applicant	Date	City of Lebanon Authority Approved	Date

***PLEASE NOTE THE AUTHORITY REQUIRES A MINIMUM OF 48 HOURS NOTICE TO COORDINATE INSTALLATION**

AUTHORITY USE ONLY:

1. **Tapping Fee – Capacity Part** _____ **# EDU** **x $2,090 =** _____
2. **Tapping Fee – Collection Part** _____ **# EDU** **x $1,790 =** _____
3. **Lateral Connection Fee** _____ **# Connections** **x $290 =** _____

Total Fees: _____ **Cash / Check # _____**

Received by: _____
City of Lebanon Authority **Date**

Notes:

- **1 Equivalent Dwelling Unit (EDU) = 220 GPD water usage**
- **Lateral Connection Fee only applicable when 'Y' is not already installed in sewer main**