



BOROUGH OF WILKESBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKESBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

Sewer or Storm Water Tap Application

Date: _____ Permit # _____

Property Owner _____ Phone # _____

Address of Owner: _____ City _____ State _____ Zip _____

Address of proposed sewer tap: _____

Number of EDU's _____

Property Owner/Contractor must coordinate and schedule an inspection with the borough engineer.

Property Owner must obtain a Street Opening Permit from Wilkesburg Borough prior to excavating any borough streets.

Authorized Agent for owner _____ Date: _____

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

Application Type: Sewer

Storm Water

CONTRACTOR INFORMATION

Business Name: _____ PA Cont. Reg. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City/State/Zip: _____ E-mail: _____

PA ONE CALL SERIAL # _____

Fees

Single Family	\$300
Duplex or Double	\$300
Multiple Dwelling, per apartment or unit	\$300
Single business, Commercial or industrial property	\$300

For Office Use Only

Permit Number _____ Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third (Must Attach)
- Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.
- Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____