



LOWER POTTS GROVE TOWNSHIP AUTHORITY

2199 Buchert Road, Pottstown, PA 19464 610-323-0436 Fax: 610-323-3824

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Sewer Lateral Repair Permit

Applicant Information	Applicant Name: _____ Date Submitted: _____
	Property Address: _____
	City: _____ Zip Code: _____ 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: _____

PLEASE REMIT FEE OF \$154.50 TO LOWER POTTS GROVE TOWNSHIP

CHECK/MONEY ORDER NUMBER: _____ DATE RECEIVED: _____

**PLEASE NOTE THAT CODE ENFORCEMENT HAS UP TO:
15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS
30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS**