



# WEST POTTS GROVE TOWNSHIP

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## Sewer Lateral Repair Permit

<b>Applicant Information</b>	Applicant Name: _____ Date Submitted: _____
	Property Address: _____
	City: _____ Zip Code: _____
	Email: _____
	Daytime Phone Number: _____
<b>Project Description</b>	Please use this space to describe the project:
	Estimated starting date: _____ Est. Completion Date: _____ Project cost: _____

Contractor (if applicable)	Address and Phone	Certificate of Insurance on file w/West Pottsgrove Twp Listed
General Contractor		
Plumbing Contractor		

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FEE PAYABLE TO WEST POTTS GROVE TOWNSHIP.</b>	
<b>PAYMENT: CHECK NO:</b> _____	<b>DATE:</b> _____
<b>INSPECTED BY:</b> _____	<b>DATE:</b> _____