LOWER SAUCON AUTHORITY

3706 Old Philadelphia Pike
Bethlehem, PA 18015
610-317-3212
Fax: 610-317-3216
administrator@lowersauconauthority.org

APPLICATION FOR: ☐ **WATER**   ☐ **SEWER ALLOCATION / RESERVATION**
☐ **SEWER FACILITIES PLANNING REVIEW**

Name of Applicant:	Address of Applicant:	Phone No.

Owners Name / Address / Phone No. if Different from Applicant

Applicant is: ☐ Owner ☐ Developer ☐ Other	Type of Dwelling: ☐ Residential No. of Units ☐ Industrial* Gallons Per Day ☐ Commercial* Gallons Per Day *Commercial / Industrial uses may be required to provide additional information.	Water Sewer ☐ ☐ / ☐ ☐ / ☐ ☐	Date of Request ____/____/____ Tax Map Number

I understand that this is only a request, and will abide by all Rule and Regulations of the Authority. An allocation fee deposit is required within seven (7) days of approval.

Signature of Applicant (required): _____ Date ____/____/____

Describe Location of Property:

Address: _____

Located on: _____ (Road) between _____ and _____

FOR OFFICE USE ONLY

Processing Fee - $200
Received By: _____
Date Received: ____/____/____

Approved: ☐
Approved as Noted   ☐
Not Approved – Resubmit ☐
By _____

Letter of Serviceability   ☐ Attached
Notes:

Date ____/____/____

_____
_____

LSA: 12-19-03