

**Collier Township**

SEWER DEPARTMENT  
2418 Hilltop Road Presto, PA 15142  
412-279-4941  
[www.colliertownship.net](http://www.colliertownship.net)



**SANITARY SEWER  
CONNECTION APPLICATION**

DATE: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PROPOSED CONNECTION LOCATION \_\_\_\_\_

PLUMBER/PLUMBING COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PLUMBER'S NAME PERFORMING WORK \_\_\_\_\_ HP # \_\_\_\_\_

**NOTICE OF CONNECTION**

The applicant further agrees to notify the Collier Township Sewer Department of the date of the proposed connection and will allow a representative to inspect and approve the plumbing connection into the Township system before the work is covered. The applicant agrees to uncover the line should they fail to secure the inspection approval from a Sewer Department representative. NOTE: All commercial and industrial structures will be required to submit plans to the Collier Township Sewer Department along with the application and an initial deposit fee.

Connection costs for **COMMERCIAL PROPERTIES** will be calculated based on the Collier Township Sewer Department Rules and Regulations and will increase for each EDU (Equivalent Dwelling Unit) as set forth in the Rules and Regulations. The applicant agrees to supply the Collier Township Sewer Department all the necessary information, plans and/or records to correctly calculate any additional tap fee that may be due.

**Name of Applicant:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Typical Residential

**APPLICATION FEES**

Tap into existing main line:  
**\$3955.00**

Tap into new construction  
line installed by developer:  
**\$2555.00**

**TOWNSHIP USE BELOW**

Connection Inspection Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

(Approval to cover the lines is granted with approval of the inspection)

Application approval date: \_\_\_\_\_

Amount of payment received by CTSD: \$ \_\_\_\_\_ CTSD representative: \_\_\_\_\_

Application forms may be submitted electronically to [CTSD@colliertwp.net](mailto:CTSD@colliertwp.net)