

**CANONSBURG HOUSTON JOINT AUTHORITY**

**TAP FEE APPLICATION**

**Applicant Name and Phone Number:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Development Name:** \_\_\_\_\_

**Development Assigned Lot Number:** \_\_\_\_\_

**Washington County Parcel Lot and Block Number:** \_\_\_\_\_

**Local Sewage Provider (Circle One):**

- Canonsburg Borough
- Cecil Township
- Chartiers Township
- Houston Borough
- North Strabane Municipal Authority

**Type of Development (Circle One):**

- Single-Family Residential
- Multi-Family Residential
- Non-Residential

**Was this property included in a previously approved Sewer Availability / Capacity Evaluation completed by CHJA (Circle One):**

- Yes
- No

**If yes, provide the following information with the completed application:**

**Date of approval letter:** \_\_\_\_\_

**If no, this application will not be reviewed until the following is received per Resolution No. 4-1-2017:**

- Sewer Availability / Capacity Letter from the Local Sewer Provider.
- Point of discharge into the CHJA interceptor from the home Municipality.
- Site Plan
- Total number of Residential Units (Resident Applicants Only)
- Calculations of anticipated flow rate from the site in Gallons per Day (GPD). (Non-Residential Applicants Only)

**Number of Taps being requested:** \_\_\_\_\_

**Amount enclosed (based on \$2,178.00 per Tap):** \_\_\_\_\_

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**Applicant Certification:**

Upon condition that the Applicant has complied and will comply with the Local Sewage Provider Rules and Regulations for connection to their sanitary sewer systems, this Permit has been granted.

Per CHJA Resolution 2-07, approved April 26, 2007, this Tap will be valid for a period two (2) years from the Approval Date shown below. If the User fails to connect to the sanitary sewer system within the two (2) year period, then the Tap will expire and the User will be required to purchase a new Tap before any connection into the sanitary sewer system may be permitted.

THIS IS TO CERTIFY THAT I HAVE READ AND AGREE TO THE ABOVE REQUIREMENTS

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CHJA ONLY**

**Reviewed By:** \_\_\_\_\_

**Number of Taps issued / remaining for Development:** \_\_\_\_\_ / \_\_\_\_\_

**Tap Approved:**

Yes

No

**If no, explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Assigned Permit Number:** \_\_\_\_\_