

DATE _____

**LOWER PERKIOMEN VALLEY REGIONAL SEWER AUTHORITY
CAPACITY ACCESS APPLICATION FORM**

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PROPERTY LOCATION _____

TAX PARCEL NUMBER _____ BLOCK _____ UNIT _____

TOWNSHIP/BOROUGH _____ ESTIMATED ACREAGE _____

<u>INTENDED USE</u>		<u>NUMBER OF EDUs</u>
<input type="checkbox"/> Residential	Number of Units/Lots	_____
<input type="checkbox"/> Office	Square Footage	_____
<input type="checkbox"/> Warehouse	Square Footage	_____
<input type="checkbox"/> Retail Store	Square Footage	_____
<input type="checkbox"/> Light Industrial	Square Footage	_____
<input type="checkbox"/> Medium Industrial	Square Footage	_____
<input type="checkbox"/> Laboratory	Square Footage	_____
<input type="checkbox"/> Motel/Hotel	Number of Units	_____
<input type="checkbox"/> Restaurant	Number of Seats	_____
<input type="checkbox"/> Laundry	Number of Washers	_____
<input type="checkbox"/> Hairdresser	Number of Chairs	_____
<input type="checkbox"/> Bar/Cocktail Lounge	Number of Seats	_____
<input type="checkbox"/> Other _____		_____

TOTAL EDUs (EQUIVALENT DWELLING UNITS) _____

DESCRIPTION _____

APPROXIMATE TIME OF DEVELOPMENT: ___ 2013 ___ 2014 ___ 2015 ___ 2016 ___ Future

OWNER SIGNATURE _____

LPVRSa USE ONLY

TOTAL COST \$ _____

Reviewed by _____ Date _____

Agreement forwarded _____ Application # _____