SANITARY SEWER CAPACITY & LATERAL CONNECTION APPLICATION

l,	_ the undersigne	ed, do hereby make	Application for sanitary sewer c	apacity in the Borough
of Cornwall.				
Type of Building: F				
Apartments (Units)	_ Restaurant _	Other	
SERVICE ADDRESS:				
BILLING NAME & ADDRESS (IF DIFFERENT):			Township/Borough	
Development (If applicable):				
Company (If applicable):				
Applicant's Phone Number:				
Signature of Applicant	 Date		Cornwall Borough Approved	Date
SEWER DEPARTMENT USE ONLY:				
1. Application Fee	x \$25.00 =			
2. Tapping Fee – Capacity Part	#EDU	x \$2,090 =	(CoLA purchase only)	
3. Tapping Fee – Collection Part	#EDU	_x \$4,900 =		
Total Fees:	Cash / Check #			
Received by:Cornwall Borou	gh	Date		

^{** 1} Equivalent Dwelling Unit (EDU) = 220 GPS water usage