

**Borough of  
Ephrata**



*location  
of choice*

124 South State Street, Ephrata, PA 17522  
717-738-9202 / 717-733-4062 (Fax)  
nharris@ephrataboro.org

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**RESIDENTIAL WATER SEWER LATERAL REPLACEMENT PERMIT APPLICATION**

Address of Improvement \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Applicant's Name (*if other than owner*) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Type of Improvement (*check all that apply*)

- Water Lateral Replacement  
 Sewer Lateral Replacement

Description of Work \_\_\_\_\_

Linear Footage of Replacement \_\_\_\_\_

Name of Plumber \_\_\_\_\_

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The applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved, construction documents and PA Act 45 (Uniform Construction Code) where applicable. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date