

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

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____

PROPERTY LOCATION _____

TAX PARCEL NUMBER _____

TOWNSHIP/BOROUGH _____

INTENDED USE

NUMBER OF EDUs

<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: ___2022___2023___2024___2025___Future

OWNER SIGNATURE _____

LPVRSa USE ONLY

TOTAL COST \$ _____

Reviewed by _____ Date _____

Agreement forwarded _____ Application # _____