

**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: \_\_\_2023 \_\_\_2024 \_\_\_2025 \_\_\_2026 \_\_\_Future

**OWNER SIGNATURE** \_\_\_\_\_

**LPVRSa USE ONLY**

TOTAL COST \$ \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Agreement forwarded \_\_\_\_\_ Application # \_\_\_\_\_