

# APPLICATION TO DISCONNECT SEWER



## City of Warren Department of Public Works

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

### PROPERTY INFORMATION

Street Address	
Parcel Number	Parcel Details: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial Number of Units _____ Number of Businesses _____ Number of Laterals _____

### OWNER INFORMATION

First Name	Last Name or Business Name	Phone Number	
Street Address	City	State	Zip

### CONTRACTOR INFORMATION

Name of Applicant/Contractor	Phone Number		
Street Address	City	State	Zip

### I/WE THE UNDERSIGNED AGREE TO COMPLY WITH ALL CITY OF WARREN DEPARTMENT OF PUBLIC WORKS REGULATIONS FOR SEWER DISCONNECTIONS

\_\_\_\_\_  
SIGNATURE OF OWNER/CONTRACTOR

\_\_\_\_\_  
DATE

### SEWER LATERAL DISCONNECTION INSTRUCTIONS

Prior to the commencing of demolition operations, the owner or contractor is required to contact the Department of Public Works (DPW) at (814) 723-6300, extension 120, to schedule a preliminary inspection by DPW personnel, in order to determine the exit location of the sewer lateral(s) from the building. At that time, the contractor will be advised of all sewer disconnection procedures and any precautions that are required to be taken during the demolition process. The sewer lateral(s) are required to be capped as close to the street or sidewalk as possible unless otherwise approved by the DPW. Once the sewer lateral(s) have been exposed at the prescribed location by the demolition contractor, the owner or contractor is required to contact the DPW to schedule the physical disconnection of the sewer lateral(s). All physical sewer lateral disconnections shall be performed by DPW personnel only.

#### DPW USE ONLY – THIS IS YOUR RECEIPT OF PAYMENT

Disconnection Fee: \$ 200.00 Payment Type:  Cash  Credit  Check #: \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Demolition Permit No. \_\_\_\_\_

Date of Disconnection: \_\_\_\_\_ By: \_\_\_\_\_ No. of Laterals: \_\_\_\_\_