

APPLICATION FOR DISCONNECT OR TAP



318 West Third Avenue - Warren, PA 16365
Phone (814)723-6300 - Fax (814) 723-3242
www.cityofwarrenpa.gov

Disconnect fee \$100.00 per lateral // Connection fee \$300.00

rev. 5-01-2023

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

TAP SEWER

Type of Tap: Sanitary: _____ Storm: _____ Residential: _____ Commercial: _____ Industrial: _____	
Describe Building Use:	
Describe Location and Size of Tap:	No. of EDU's or gallons per minute:

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 Dept. of Public Works (DPW) at (814) 706-4402 (Jeff) or 814-688-3973 (Mike), 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

Fee: _____ Payment Type: Cash Credit Check #: _____
Date Received: _____ By: _____ Permit No. _____
Date of Disconnection or Tap: _____ By: _____ No. of Laterals: _____