Borough of Somerset
Stormwater Connection Application

P.O. Box 71, 347 West Union Street
Somerset, PA 15501-0071
Office: (814) 445-5595 * Fax: (814) 445-3931
www.somersetborough.com

PROPERTY INFORMATION

Property Owner:	
Property Address:	

State:		City:		Zip:	

Parcel ID:		Sewer & Water Account No.	
Email:		Phone:	

CONTACT INFORMATION	Same as Property Information	
Name:		
Address:		

State:		City:		Zip:	
Email:		Phone:			

APPLICATION TYPE

☐ Modification of Existing   ☐ New Construction   ☐ Replacement

STORMWATER CONNECTION
(SELECT ALL THAT APPLY)

Connection Type	Qty.	Connecting Pipe Size	Connect to Exist.	Installation of New Connection Type
Connection to Inlet/Catch Basin:				
Connection to Pipe:				
Daylight to Street/Curb Cut:				
Other:				

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STORMWATER MANAGEMENT FACILITIES – ON PRIVATE PROPERTY
(SELECT ALL THAT APPLY)

	NONE

Stormwater Management Facility Type	Qty.	Dimensions (Feet)			Existing (E) or Proposed (P)	Rate Control (Y/N)	Volume Control (Y/N)	Construction Date
		L	W	H				
Dry Well								
Infiltration Trench								
Detention Basin								
Other:								
Other:								

Parcel ID:	
Sketch Plan: *Illustrate locations and sizes of stormwater facilities including pipes, inlets, catch basins, streams, ponds, curbs and management facilities.*	

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By signing and submitting this Application for a Stormwater Connection I hereby agree to all requirements of the Municipal Authority of the Borough of Somerset's Rules and Regulations, agree to pay all appropriate fees, and certify that the information provided within this application is true and correct. I further understand that providing false information may result in termination of service.

Applicant Signature: _____ **Date:** _____

OFFICE USE					
Permit No.:		Permit Fee:		Chk No.:	
Bldg Permit No.:		Date Paid:		Date Paid:	
Existing ERU		ERU Reduction		Total ERU	
Approval Initials:		Approval Date:			

Appendix B.3 – Stormwater Connection Application