

# Borough of Doylestown

Department of Building and Zoning  
Permit Application for  
Replacement or Repair of Sewer/Water Lateral

## Background:

The Borough of Doylestown requires that prior to any lateral sewer/water line repair or replacement the property owner shall acquire a Permit from the Department of Building and Zoning, located at 10 Doyle Street. There is a \$25 fee for a sewer/water replacement permit, and there is no fee for a repair permit. Repair and replacement both require an inspection before being backfilled. All construction/repair work shall be done according to the Borough of Doylestown Ordinance specifications and the PAUCC and IPC 2015.

## When a Sewer/Water Replacement or Repair Permit is Required:

Installation or repair of a sanitary sewer/water lines require a permit. Rodding or cleaning a sewer lateral does not.

## Process:

1. Complete the Application for a Permit for Replacement of a Sewer/Water Lateral form.
2. Bring the completed Permit for Replacement of a Sewer/Water Lateral Application Permit to the Borough Zoning and Planning Office at 57 West Court Street with payment. Check should be payable to "Borough of Doylestown"
3. The staff will accept your completed permit application. **Note staff will not accept incomplete applications.**
4. Permit review normally takes 7 – 10 days but may be expedited in an emergency.
5. Do not begin work until your application has been approved and you have an issued permit in your hand.
6. **Once work is complete you must schedule a final inspection to close the permit.**

**Check List for Submission - Applicant must fill out checklist marked "A" below. Borough staff will complete checklist marked "S".**

- | <b>A</b>                 | <b>S</b>                 |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed application form.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Payment of \$25 is included for a permit for replacement. |

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## Replacement/Repair of Sewer/Water Lateral

Hours of Operation  
Monday - Friday  
8:30 a.m. – 4:30 p.m.

### PROPERTY INFORMATION:

Property Address:	Tax ID Number:
Property Owner Name:	Owner Phone:
Property Owner Address: _____	Email:

### CONTRACTOR'S INFORMATION:

Company Name:	Phone:
Company Address:	Registration #
Contact Name :	Contact Phone:

### EXISTING LINE INFORMATION:

Piping material currently in place:

- Schedule 40 PVC
- Schedule 40 ABS DWV
- Cast Iron
- High Strength Vitrified Clay Pipe, High Density Polyethylene (SDR 26, or better)
- Other:

Pipe size: \_\_\_\_\_

### REPLACEMENT LINE INFORMATION:

Piping material to be used.

- Schedule 40 PVC
- Schedule 40 ABS DWV
- Cast Iron
- High Strength Vitrified Clay Pipe, High Density Polyethylene (SDR 26, or better)
- Other:

Length of pipe to be replaced: \_\_\_\_\_

### WORK DESCRIPTION:

<p>Method of installation:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Open Trench</li><li><input type="checkbox"/> No Trench</li></ul> <p>Disturbing sidewalk:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> <p>Penetrating walls:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> <p>Joint type: _____</p> <p>Note: Purple Primer Required on solvent joints, Fernco and Mission flexible couplings permitted.</p>	<p>For Replacement Pipe Indicate:</p> <p>Pipe size _____ Slope _____ # of Cleanouts _____</p> <p>Note: 4 " pipe, min slope 1/4", cleanouts every 50' 6 " pipe, min slope 1/8", cleanouts every 100'</p> <p>Notes:</p>
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If sidewalk or street were disturbed asphalt patch must be installed immediately. Permit holder and property owner are responsible for maintaining the temporary patch until the permanent patch is installed. Permanent patch must be installed within 90 days. **It is your responsibility to call PA 1 Call before you dig.**

### APPLICANT SIGNATURE:

_____	Date: _____
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### APPLICATION PROCESSING RECORD (Borough Office Use Only)

Date Received:	Amount Paid:	Check Number:
Payor:	Received by:	

Building/Zoning Officer Signature:	Date:
Permit is:    Granted                      Denied                      Other:	
Reason/Comments/Conditions:	
Applicant Notified by:	On Date:
Permit Number Issued:	On Date: