

**APPLICATION FOR SITE SUITABILITY**

Township of \_\_\_\_\_ County of \_\_\_\_\_ Application # \_\_\_\_\_

**PART- 1 APPLICANT AND SITE INFORMATION:**

1. Name _____	2. Site Address _____
Billing Adress _____	Subdivision Name _____
Telephone # Day _____	Property Owner/Developer _____
Cell or Evening _____	Contractor _____

3. Directions to Site \_\_\_\_\_

4. Tax Parcel # \_\_\_\_\_ **Attach a Copy of the Current Deed**

5. Description of Proposed Project \_\_\_\_\_ # of Lots Proposed \_\_\_\_\_

6. Requested Services( check all that apply)  Site Evaluation     Soil Probes     Percolation Test     Reuse Existing  
 10-Acre Permit Exemption     Observe Morphological Analysis     Observe Soils Evaluations by Soil Scientist  
 Non-Building Wavier/Site Evaluation     Holding Tank/Privy

7. PA ONE CALL 1-800-242-1776 or 811, IT' THE LAW!!!

SERIAL # \_\_\_\_\_ DATE \_\_\_\_\_

**PART II-SIGNATURES AND ATTEST**

I/We the **Owner(s) of Record**  or **Authorized Agent**  of the above Site Address in Part I, (Check One), request the services of the Bedford County Township and Borough Sanitary Corporation (BCTBSC). I/We grant access to the Site Address to authorized agent(s), the BCTBSC and the Department of Environmental Protection (DEP) for completing necessary evaluations and tests site suitability for on-lot sewage facilities. I/We acknowledge receipt of a copy of the BCTBSC site instructions & fee schedule and understand them as presented. I/ We understand and agree pay all costs incurred upon receipt of invoices for service. I/We further acknowledge the BCTBSC will release permits, planning modules, and soils information when all open billing statements are paid in full. As required under section 7(b) Subsection (8) of Act 537, I/we will have all soil probes and perc test holes backfilled upon completion of testing within three days. Any person who fails to comply with the provisions shall be subject to the remedies and penalties provided under Section 12 and 13 of Act 537.

I/We understand that Providning false information on this applicatin is subject penalties of 18 PAc.SA.4904, relating to unsworned falsification to authorities of \_\_\_\_\_ Township, \_\_\_\_\_ County, Pa.

The Owners signature on this document must be notarizeed if an **Authorized Agent** is assigned.

\_\_\_\_\_  
Owner(s) Print Names

\_\_\_\_\_  
Authorized Agent Print Name

\_\_\_\_\_  
Owner(s) Signature                      Date/Time Field

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Owner(s) Signature                      Date/Time Field

Seal

\_\_\_\_\_  
Notary