# MARION TOWNSHIP
## BEAVER COUNTY, PENNSYLVANIA
## WATER SERVICE PERMIT APPLICATION

| | | | |
|---|---|---|---|
| **APPLICANT:** | | **TELEPHONE NUMBER:** | |
| **MAILING ADDRESS:** | | | |
| **ADDRESS REQUESTING WATER SERVICE:** | | | |

| | | |
|---|---|---|
| **FEE PAID** | **AMOUNT PAID:** $_____ | **DATE PAID:** _____ |
| **PAYMENT / CHECK NO.:** _____ | **RECEIVED BY:** _____ | |

## MARION TOWNSHIP
## INSPECTION REPORT

**IMPORTANT:** The request for a tap-in inspection must be made **at least twenty-four (24) hours in advance** of the actual date of the inspection.

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|---|---|
| ■ **REJECTION** | **State Reason:** |
| | |
| | |

■ **APPROVAL**

I, the undersigned, having been duly notified, personally made the necessary inspection on this _____ day of _____, 20_____. The tap-in at the above location complies with all applicable rules and regulations of Marion Township.

**INSPECTOR:** _____ **SIGNATURE:** _____

**DATE:** _____

## MARION TOWNSHIP
## WATER SERVICE REQUIREMENTS

- You are advised to review the **Marion Township Rules and Regulations** thoroughly before making a physical connection to the public water system.
- Water pressure from the Township water system may differ significantly from the pressure previously existing in your system.
- Your attention is specifically directed to those provisions of the **Rules and Regulations** and the **Installation Diagram** recommending the installation of a **water pressure-reducing valve**.
- The Township, in consideration of the connection fee, will provide a **water meter and curb stop**. The installation of a **water pressure-reducing valve is the responsibility of the applicant**.

## APPLICANT ACKNOWLEDGMENT

I acknowledge that I have been advised to review the Marion Township Rules and Regulations and understand that the installation of a water pressure-reducing valve, when required or recommended, is my responsibility.

**APPLICANT SIGNATURE:** _____ **DATE:** _____

**MARION TOWNSHIP | Township Office: 724-452-1986**