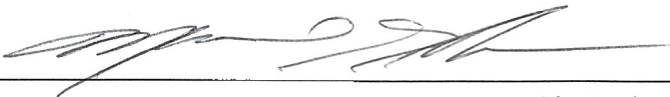


THE APPLICANT HEREBY AGREES TO ABIDE BY ALL RULES AND REGULATIONS OF THE UPPER PROVIDENCE TOWNSHIP SEWER AUTHORITY (UPTSA) AS STATED IN THE STANDARDS, RULES, AND REGULATIONS OF 1980, AS AMENDED, TOGETHER WITH ANY AMENDMENTS THERETO ADOPTED BY UPTSA IN THE FUTURE. APPLICANT AGREES TO PAY UPTSA IN ACCORDANCE WITH THE SCHEDULE OF RATES AND CHARGES, FOR THE TREATMENT AND CONVEYANCE OF APPLICANT'S WASTEWATER.

THE APPLICANT HEREBY ACKNOWLEDGES THAT (1) UPTSA RESERVES THE RIGHT TO INSPECT ANY CONNECTION(S) AND/OR FACILITY(IES) ASSOCIATED AND LISTED ON THIS PERMIT, (2) THAT ALL ATTACHMENTS LISTED IN ITEM NUMBER EIGHT (8) OF THE WITHIN APPLICATION ARE A PART OF THIS PERMIT, AND (3) THAT THIS PERMIT IS NOT TRANSFERABLE.

IF TRANSFER OF ALL OR PART OF THE PROVISIONS CONTAINED HEREIN IS DESIRED, THIS PERMIT BECOMES NULL AND VOID, AND A NEW PERMIT OR PERMITS MUST BE ISSUED.

NAME OF APPLICANT: Michael Gibbons

BY: 
(signature)

FULL NAME OF SIGNER: Michael Gibbons

TITLE OF SIGNER: Owner

DATE: 4/28/2025

AMOUNT PAID

PERMIT APPLICATION FEE: _____

TAPPING FEE: _____

TOTAL: _____

THIS IS TO CERTIFY THAT THE CONNECTION(S) AND OR ASSOCIATED FACILITY(IES) LISTED ON THIS PERMIT HAVE BEEN INSPECTED AND FOUND TO MEET UPTSA STANDARDS.

INSPECTOR'S SIGNATURE _____

NAME _____

DATE _____

THE UPPER PROVIDENCE TOWNSHIP SEWER AUTHORITY (UPTSA) HEREBY AUTHORIZES THE ISSUANCE OF THIS PERMIT FOR DISCHARGE OF WASTEWATER INTO UPTSA'S CONVEYANCE SYSTEMS SUBJECT TO THE PROVISIONS CONTAINED HEREIN.

AUTHORIZED SIGNATURE _____

NAME _____

TITLE _____

DATE _____