

# **HATFIELD TOWNSHIP**

## **NON-RESIDENTIAL USE & OCCUPANCY PERMIT APPLICATION**

*A Certificate of Occupancy is required for all new construction, change of use, change of occupant (tenant changes), and resales of non-residential buildings/facilities within Hatfield Township. Separate applications are required for each tenant space.*

**PART I** – Location of Property – Complete address including city, state and zip code must be provided on all applications.

**PARTS II thru XI** – Complete every section.

**PART XII** – Sign and date application. If property resident is not the owner of the property, a notarized statement indicating the owner's approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and or Applicant may be reached on the day of the inspection.

### **SPECIFICATIONS**

- Permit needs to be submitted prior to final construction inspection if new construction or tenant fit out.
- Someone (18 years of age or older) must be present at the time of inspection.
- Complete signed sewer permit by Hatfield Township Municipal Authority (see attached).
- Complete Police Emergency Contact list (see attached).
- For on-site septic systems, a certified inspection report within 2 years of application date must accompany this application.
- For new construction or tenant fit out, Certificate of Occupancy will not be issued until as built plans in .pdf format on one (1) CD is received.
- If an inspection fails twice for the same code violation, a reinspection fee will be required prior to a third inspection.

### **ADDITIONAL INFORMATION**

**FEES** – Permit fees must be submitted with a completed permit application. If paying by check, please make check payable to “Hatfield Township”.

**INSPECTIONS** – Receipt of a Certificate of Occupancy is contingent upon the results of an inspection of the building/facility by the Building Code Official and/or Fire Marshal. Responsibility for notification for inspections lies with the owner or applicant.

# HATFIELD TOWNSHIP

## Non-Residential Use & Occupancy Permit Application

### I - LOCATION OF PROPERTY

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Suite #: \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Business/Tenant Name: \_\_\_\_\_

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### II - OWNERSHIP

Private       Tenant       Other \_\_\_\_\_

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### III - IDENTIFICATION – To be completed by all applicants

APPLICANT Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

PRESENT Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NEW Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER OR

TENANT

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### IV - TYPE OF APPLICATION

New Construction       Resale       Tenant Change

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**V - TYPE OF SEWAGE DISPOSAL**

Public (need Sewer Authority approval sheet)       Private (septic tank)\*      Sewer Permit # \_\_\_\_\_

**\* As per Ord. #608, a certified inspection report of the septic system by an approved inspector must accompany this application. The inspection report must not be more than 2 years old from the date of this application.**

**VI - NUMBER OF EMPLOYEES DURING OPERATION**

Number of operation days per week \_\_\_\_\_

Full Time Employees \_\_\_\_\_ Hours per week \_\_\_\_\_

Part Time Employees \_\_\_\_\_ Hours per week \_\_\_\_\_

Seasonal Employees \_\_\_\_\_ Hours per week \_\_\_\_\_

**VII - TYPE OF WATER SUPPLY**

Public       Private (well)

**VIII – PROPOSED OCCUPANCY TYPE**

- Business/Medical Office       Mercantile/Store (Low Hazzard)
- Restaurant/Bar       Church/School       Institutional       Industrial/Factory       Service Station/Repair Garage
- Storage       Hotel/Motel/Apartment with 3 or more dwelling units (Moderate/High Hazzard)

Description \_\_\_\_\_

Please check all that apply to the proposed use of the building/facility including operations, use or storage:

- |   |  |
|---|--|
| <input type="checkbox"/> Aerosol Products                                       | <input type="checkbox"/> Amusement Buildings                                 |
| <input type="checkbox"/> Aviation Facilities                                    | <input type="checkbox"/> Cellulose Nitrate Film                              |
| <input type="checkbox"/> Cellulose Nitrate (Pyroxylin) Plastic                  | <input type="checkbox"/> Clean room  |
| <input type="checkbox"/> Combustible Dust-Producing Operations                  | <input type="checkbox"/> Combustible Fibers                                  |
| <input type="checkbox"/> Commercial Cooking                                     | <input type="checkbox"/> Compressed Gases                                    |
| <input type="checkbox"/> Covered Mall Buildings                                 | <input type="checkbox"/> Cryogenic Fluids                                    |
| <input type="checkbox"/> Cutting and Welding                                    | <input type="checkbox"/> Dry Cleaning Plant                                  |
| <input type="checkbox"/> Explosives, Ammunition, Blasting Agents and Fire Works | <input type="checkbox"/> Flammable and Combustible Liquids                   |
| <input type="checkbox"/> Floor Finishing Operations                             | <input type="checkbox"/> Fruit and Crop Ripening Operations                  |
| <input type="checkbox"/> Fumigation or Thermal Insecticide Fogging              | <input type="checkbox"/> Hazardous Materials (use, storage or handling)      |
| <input type="checkbox"/> Hazardous Production Materials (HPM) Facilities        | <input type="checkbox"/> High Pile Storage (>12 ft high)                     |
| <input type="checkbox"/> Hot Work Operations                                    | <input type="checkbox"/> Hyperbaric Chamber                                  |
| <input type="checkbox"/> Idle Pallets   | <input type="checkbox"/> Incinerator   |
| <input type="checkbox"/> Industrial Oven or Furnace Operations                  | <input type="checkbox"/> Laboratory Using Chemicals                          |
| <input type="checkbox"/> Linen Handling System                                  | <input type="checkbox"/> Liquefied Petroleum Gases (LPG)                     |
| <input type="checkbox"/> Lumber Yards or Woodworking Facilities                 | <input type="checkbox"/> Magnesium Processing                                |
| <input type="checkbox"/> Miscellaneous Combustible Storage(> 2,500 ft2)         | <input type="checkbox"/> Open Flames or Candles (place of assembly)          |
| <input type="checkbox"/> Organic Coatings                                       | <input type="checkbox"/> Places of Assembly (> 50 people)                    |
| <input type="checkbox"/> Power Plant  | <input type="checkbox"/> Solvent Extraction                                  |
| <input type="checkbox"/> Refrigeration Equipment                                | <input type="checkbox"/> Repair Garages and Motor Fuel Dispensing Facilities |

- Rooftop Heliports
- Storage of Scrape Tires and Tire By-products
- Waste Handling, Wrecking or Junk Yard
- Wood Products

- Spraying/Dipping with combustibles or flammables
- Tire Rebuilding Plants
- Water Cooling Tower

**If any items above have been checked, contact the Hatfield Township Fire Marshal (215-855-0900) to discuss any special requirements or additional fire code operational permits that may be required.**

**IX – EXISTING FIRE PROTECTION SYSTEMS**

- |   |  |   |  |                                       |                              |                                       |
|---|--|---|--|---------------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> Auto Sprinkler       | <input type="checkbox"/> NFPA 13         | <input type="checkbox"/> NFPA 13R       | <input type="checkbox"/> NFPA 13D            | <input type="checkbox"/> Wet          | <input type="checkbox"/> Dry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clean Agent          | Type: _____                              |   |  |                                       |                              |                                       |
| <input type="checkbox"/> Commercial Hood      | <input type="checkbox"/> Wet Chemical    | <input type="checkbox"/> Sprinkler      | Other: _____                                 |                                       |                              |                                       |
| <input type="checkbox"/> Fire Alarm           | <input type="checkbox"/> Pull Stations   | <input type="checkbox"/> Horn/Strobe    | <input type="checkbox"/> Addressable         | <input type="checkbox"/> Other: _____ |                              |                                       |
| <input type="checkbox"/> Fire Detection       | <input type="checkbox"/> Smoke Detection | <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Other: _____        |                                       |                              |                                       |
| <input type="checkbox"/> Fire Pump            | GPM: _____                               |   |  |                                       |                              |                                       |
| <input type="checkbox"/> Standpipe            | <input type="checkbox"/> Wet             | <input type="checkbox"/> Dry            | # of hose outlets: _____                     |                                       |                              |                                       |
| <input type="checkbox"/> Private Fire Hydrant | # of hydrants: _____                     |   | <b>National Standard Thread is required.</b> |                                       |                              |                                       |
| <input type="checkbox"/> Other _____          | _____                                    |   |  |                                       |                              |                                       |

**X – KNOX BOX (Fire Department Key Box)**       Yes       No

Note: Contact the Hatfield Township Fire Marshal’s Office for an order form if a Knox Box is not present.

**XI - BUILDING DIMENSIONS**

Number of Stories: \_\_\_\_\_ Square Feet-Building: \_\_\_\_\_ Square Feet-Tenant Space: \_\_\_\_\_

Square Feet-Basement: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_

Number of Restrooms: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_

**XII - SIGNATURE**

*Deposit of Check Representing the Fee for this Application does not Constitute Approval of or Granting of Same by Hatfield Township. I hereby certify that the proposed sale is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Hatfield Township.*

**SIGNATURE OF APPLICANT**

**DATE**

# **INSPECTION CHECK LIST**

*The validity of the Certificate of Occupancy is contingent upon compliance with all Hatfield Township codes, ordinances and the Pennsylvania Uniform Construction Code. The property owner is responsible for compliance.*

**NON-RESIDENTIAL INSPECTIONS:** Should any of the listed items below not be in compliance, a certificate will not be issued and a re-inspection will be required. After three re-inspections an additional fee may be required.

- Fire alarm and detection systems must be operational and proof of annual inspection and testing must be provided.
- Fire suppression systems must be operational and proof of semi-annual or annual inspection and testing must be provided.
- All fire extinguishers must be operational and the annual inspection tags must be attached to each extinguisher.
- A Knox Box (fire department key box) must be installed if the building has a fire alarm or sprinkler system. Contact the Fire Marshal for additional information.
- The attached Fire and Emergency Information Form must be completed and available at the inspection.
- All fire rated doors and assemblies must be operational and free of defects or damage.
- All required exit signs and emergency lighting must be provided and operational.
- The street number must be displayed on the building or sign and clearly visible from the street. Numbers must be a contrasting color from the background and a minimum of 6 inches high.
- Suite numbers must be displayed above the main entrance door and on the rear door(s) in any multi-tenant building. Contact the Fire Marshal for additional information.
- All electrical wiring and equipment must be operational and free of defects. Cover plates must be in place at all switches, outlets and junction boxes. Wire splices must be within approved junction boxes.
- All circuit breaker/fuse box(s) must be properly secured and free of openings. A cover plate, breaker or fuse must fill every opening.
- All interior wall surfaces must be free of openings or damage.
- All exterior walls, glazing and roof surfaces must be weather tight and free of openings or damage.
- Handrails and/or guardrails must be provided at all stairs, decks and walking surfaces > 30 inches above grade.
- All plumbing fixtures must be operational with appropriate signage in place.
- Hot water heater/boiler pressure relief valves must be provided and terminate within 6 inches of the floor.
- Functioning windows or operational mechanical exhaust fans must be provided in all bathrooms.
- Sump pump discharge must be to the exterior of the building and may not discharge into the sanitary sewer.

I HAVE READ THE ABOVE INFORMATION REGARDING INSPECTIONS:

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SIGNATURE OF APPLICANT

DATE

RALPH HARVEY, Chairman  
DONALD ATKISS, Vice Chairman  
GEORGE LANDES, Asst. Secretary  
BARRY WERT, Secretary/Asst. Treasurer  
CHARLES SIBEL, Treasurer  
  
PETER R. DORNEY, Executive Director



GHD INC  
Engineer  
717-541-0622

HAMBURG, RUBIN, MULLIN,  
MAXWELL & LUPIN  
Solicitor  
215-661-0400

ALL FEES, REQUIREMENTS AND CONDITIONS OF THE  
HATFIELD TOWNSHIP MUNICIPAL AUTHORITY HAVE BEEN  
MET IN REGARD TO THE ATTACHED USE AND OCCUPANCY  
PERMIT APPLICATION.

\_\_\_\_\_  
Signature of HTMA Rep.

\_\_\_\_\_  
Sewer Connection Permit No.

\_\_\_\_\_  
Date

**NOTE: THIS SHEET MUST BE SIGNED BY HATFIELD TOWNSHIP MUNICIPAL AUTHORITY AT THE ADDRESS BELOW BEFORE SUBMITTING COMPLETE APPLICATION TO HATFIELD TOWNSHIP UNLESS PROPERTY IS SERVED BY A PRIVATE SEWAGE SYSTEM. IF SERVED BY A PRIVATE SYSTEM PLEASE INDICATE BELOW.**

\_\_\_\_\_  
PRIVATE SYSTEM

**3200 ADVANCE LANE, COLMAR, PA 18915    215-822-9300/215-997-2768    215-822-1869 FAX**

# **HATFIELD TOWNSHIP FIRE MARSHAL / EMERGENCY MANAGEMENT**

## **EMERGENCY CONTACT INFORMATION**

Business Address \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Phone Number(s) \_\_\_\_\_

Fax Number \_\_\_\_\_

Web Site and/or E-Mail \_\_\_\_\_

Name of Alarm Company \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Primary Business Contact and 24-Hour Emergency Contact**

1) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Mobile Number \_\_\_\_\_

E-Mail \_\_\_\_\_

### **Secondary 24-Hour Emergency Contacts**

2) Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Mobile Number \_\_\_\_\_

3) Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Mobile Number \_\_\_\_\_

**Today's Date** \_\_\_\_\_

All information provided is considered confidential and will be utilized by Hatfield Township officials in the event of emergency involving your business/facility. Please contact the Fire Marshal with any questions or changes.

Hatfield Township Fire Marshal  
1950 School Road  
Hatfield, PA 19440  
215-855-0900  
215-855-0243 (fax)

[mwaldron@hatfield-township.org](mailto:mwaldron@hatfield-township.org)

*Hatfield Township, 1950 School Road, Hatfield, PA 19440*  
215-855-0900 215-855-0243 FAX [www.hatfield.org](http://www.hatfield.org)

01/2024

# **SCHEDULE OF FEES**

## **Non-Residential Use & Occupancy Permit Fees**

**Use Groups as Follows Except One & Two Family Dwellings**

### **Low Hazard Occupancy**

**(Business/Medical Offices, Mercantile Stores)**

- 1 – 2,000 Square Feet \$110.00
- 2,001 – 5,000 Square Feet \$160.00
- 5,001 – 10,000 Square Feet \$210.00
- 10,000 – 100,000 Square Feet \$260.00
- 100,000 Square Feet or Greater \$310.00

### **Moderate / High Hazard Occupancy**

**(Restaurant/Bar, Church/School, Institutional, Industrial/Factory, Service Station/Repair Garage, Storage, Hotel/Motel/Apartment with 3 or more dwelling units)**

- 1 – 2,000 Square Feet \$200.00
- 2,001 – 5,000 Square Feet \$250.00
- 5,001 – 10,000 Square Feet \$300.00
- 10,000 – 100,000 Square Feet \$400.00
- 100,000 Square Feet or Greater \$500.00

### **Re-Inspection Fees**

The initial inspection, and a second re-inspection of a unit, is covered in the inspection fee. If necessary to meet compliance, a third re-inspection and all subsequent inspections to meet code compliance will be billed at a rate of \$125.00 per hour tracked at 15-minute intervals.



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## Attention Contractors

### Lateral Inspection Camera Instructions for the CONTRACTOR

After receiving many pre-sales lateral inspection videos, it is apparent that specific instructions for video procedure is necessary. It is up to the contractor to read the instructions carefully and ask for clarification if needed. It is the contractor's responsibility to inspect the video in order to be compliant with HTMA's instructions. If the contractor does not follow protocol, it will be the responsibility of contractor to redo the inspection video – not the homeowner. Guidelines for how the video inspection are to be performed are as follows:

1. **THE CONTRACTOR IS RESPONSIBLE TO SUPPLY USB VIDEO AND REPORT TO PROPERTY OWNER, REAL ESTATE REPRESENTATIVE, OR DELIVER COMPLETED INSPECTION TO THE AUTHORITY.**
2. The camera equipment used shall be one specifically designed and constructed for such inspections. Equipment capable of adding notes or observations is preferred.  
**(NO CELL PHONE PICTURES OR RECORDINGS OF REPORTS OR VIDEOS WILL BE ACCEPTED)**
3. Lighting shall be sufficient to provide clear illumination of the entire perimeter of the pipe for several feet ahead and video must be clear enough to recognize pipe material and/or defects.
4. The video shall show the area around the point of entry in order to confirm the location as well as a clear image of the cleanout or the sewer main at the end of the survey. **(SHOW HOUSE & NUMBER)**
5. Video shall be from the **building wall to the sewer main**. If for any reason you cannot finish the inspection, it will be given back for completion.
6. The camera shall be pushed or pulled in as nearly continuous a motion as practicable, without skipping any portions of pipe. It shall also be pushed or pulled no greater than **30 feet per minute and shall be stopped to observe features such as joints, defects, branch connections or irregularities of any kind and shall be slowly advanced back and forth as needed to provide as full a view of any features as possible.**
7. Digital recordings submitted to the Authority must be in MP4 format, legibly labeled with the time, date, and address of the recorded session accompanied by the **Completed** Sanitary Sewer Lateral Inspection Report (more information is better than an incomplete report).

**Note: ORD # 696, 244-49 (7) Permits video inspection oversight by the Township or Authority.**

Failure to follow this instruction may and will be cause for video failure. Any questions, please call our office during normal business hours at 215-822-9300.

**By signing below, you are acknowledging that you have read and understand the instructions and if you have any questions about the video procedure, you have contacted the Authority for answers.**

**Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

# Hatfield Township

MUNICIPAL AUTHORITY

Ralph Harvey, *Chairman*  
Donald Atkiss, *Vice Chairman*  
George Landis, *Asst. Secretary*  
Barry Wert, *Secretary/Asst. Treasurer*  
Charles Sibel, *Treasurer*

GHD Inc ~ *Engineer*

Hamburg, Rubin, Mullin,  
Maxwell & Lupin ~ *Solicitor*

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Answer all questions that pertain to your business. Write n/a for those questions that do not pertain to your business. This form should be returned to Hatfield Township Municipal Authority at 3200 Advance Lane, Colmar PA 18915.

Name of Business \_\_\_\_\_

Location Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Describe the Business (PLEASE BE SPECIFIC)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of Operation \_\_\_\_\_

Number of employees working 20 or more hours per week \_\_\_\_\_

Number of employees working less than 20 hours per week \_\_\_\_\_

Do you have public water? \_\_\_\_\_

Do you have your own well? \_\_\_\_\_

In addition to sanitary sewage, does your business have any process wastewater? Yes  No

*Process wastewater is any wastewater, other than normal sanitary sewage from sinks, toilets, or showers, that is part of your business activity and is discharged into the sanitary sewer system. Examples of process wastewater include, but are not limited to: equipment washdown water; cooling water; floor wash water; flood processing waste, etc.*

**Please describe the wastewater process:**

If a restaurant, number of seats \_\_\_\_\_

If restaurant has a banquet room, number of seats \_\_\_\_\_

If automotive repair, garage, or station, is there floor drains Y/N \_\_\_\_\_

If automotive repair, garage or station, number of detail bays \_\_\_\_\_

If barber or beauty shop, number of chairs \_\_\_\_\_

If barber or beauty shop, is it attached to or in your residence \_\_\_\_\_

If nail salon number of chairs \_\_\_\_\_ number of pedicure chairs \_\_\_\_\_

If laundromat, number of washers \_\_\_\_\_

If dry cleaner, number of washers \_\_\_\_\_

If nursing home, number of beds \_\_\_\_\_

If day care, average number of children per day \_\_\_\_\_

If school, public or private, number of pupils \_\_\_\_\_

If school, public or private, number of teachers and administrators \_\_\_\_\_

If school, is there a kitchen \_\_\_\_\_

If school, is there a commercial garbage disposal \_\_\_\_\_

If hotel, motel or rooming house, number of rental rooms \_\_\_\_\_

If apartment house, number units \_\_\_\_\_

If trailer/mobile home park, number of trailers/mobile homes:

Permanent \_\_\_\_\_

Transient \_\_\_\_\_

Person completing this form: \_\_\_\_\_

*"I certify under penalty of law that this document and any/all attachments was prepared under my direction or supervisor in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

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

Title \_\_\_\_\_

Date Signed \_\_\_\_\_



**SEWER LATERAL QUESTIONNAIRE & FAQ SHEET**

**\*\*Questionnaire must be completely filled out and submitted with an in-line DVD/Flash Drive video\*\***

1. Is the property being sold?

Yes     No

2. Is there an existing clean-out in the street right-of-way?

Yes     No        6" or 4" \_\_\_\_\_

3. Is there a clean-out within 6 feet of the building?

Yes     No

4. Is there an existing back-flow prevention device? (Back Water Valve)

Yes     No

5. Does the sewer lateral cross property lines? If yes, please provide a detailed diagram

Yes     No

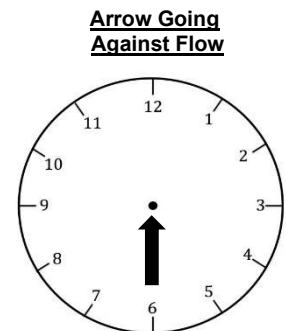
6. Does the sewer lateral connect with the lateral serving the neighboring property? If so, provide a diagram.

Yes     No

7. Does the sewer lateral Tee or 90 into the sanitary sewer main?

Yes     No

8. Using the standard clock positioning, where does the lateral clock in going against flow? \_\_\_\_\_



**FAQ's**

1. The in-line video must be completed from the building to the sewer main.
2. The in-line video must be in flash drive format or USB.

**NOTE : No Internet or Emailed videos or reports will be Accepted.**

3. HTMA will contact the Township with the findings of the in-line video inspection.
4. HTMA requires a minimum of one-week review period from the time the in-line video is received.

# Hatfield Township

MUNICIPAL AUTHORITY

Ralph Harvey, *Chairman*  
Donald Atkiss, *Vice Chairman*  
George Landis, *Asst. Secretary*  
Barry Wert, *Secretary / Asst. Treasurer*  
Charles Sibel, *Treasurer*

GHD Inc ~ *Engineer*

Hamburg, Rubin, Mullin,  
Maxwell & Lupin ~ *Solicitor*

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All fees, requirements and conditions of the Hatfield Township  
Municipal Authority have been met in regard to the Use & Occupancy  
Permit Application.

\_\_\_\_\_  
Signature of HTMA Rep.

\_\_\_\_\_  
Sewer Connection Permit No.

\_\_\_\_\_  
Date

**NOTE: THIS SHEET MUST BE SIGNED BY HATFIELD TOWNSHIP MUNICIPAL AUTHORITY AT THE ADDRESS BELOW** before submitting complete application to Hatfield Township unless property is served by a private sewage system. If served by a private system, please indicate below.

\_\_\_\_\_  
Private System