

**APPLICATION FOR COMMERCIAL OR NON-SIGNIFICANT INDUSTRIAL USER
SEWER CONNECTION (DOMESTIC WASTE ONLY)**

BAYSHORE REGIONAL SEWERAGE AUTHORITY
100 Oak Street
Union Beach, New Jersey 07735

APPLICATION FOR REVIEW OF PLANS FOR SEWER CONNECTION TO SERVICE DEVELOPMENT AREAS HAVING LITTLE OR NO INDUSTRIAL CONTRIBUTIONS IN THE BAYSHORE REGIONAL SEWERAGE AUTHORITY SERVICE AREA, COUNTY OF MONMOUTH, STATE OF NEW JERSEY. (This application must be filled in duplicate, accompanied by connection fee as set forth in Exhibit E of the Rules and Regulation of the Authority, a review and an inspection fee of 1/2 of one percent of the construction cost of all sanitary sewerage facility work contemplated under this application. This application must be filed with the Authority, thirty days (30) in advance of a regular meeting of the Authority.)

Application is hereby made for review of plans of proposed sewer connection, and for authorization and approval of discharge of sanitary sewage into the Bayshore Regional Sewerage Authority sewerage system.

1. Applicant's Name: _____

Address: _____ Phone: (____) _____

2. Identification of area to be sewered:

_____ (streets) _____ (municipality)

_____ (tax map block) _____ (lots nos.)

3. Is the commercial building for single occupancy? ____Yes ____No.

if No, please provide a brief description of type of user(s) to be sewered: _____

4. Estimated quantities of wastewater being discharged by the user(s), attach a list if necessary: _____

_____ gal/day

5. Location of point of connection to Authority or Municipal system: _____

6. Name and profession of person designing sewage system: _____

_____ (name) _____ (profession)

_____ (address) _____ (phone)

7. Applicant's engineer's estimate of cost of construction of system extension or system \$_____.
8. Estimate starting date:_____and completion date:_____
9. Check off which documents are accompanying application:

	Local Planning and/or Zoning Board Approval
	Local Sewerage Authority and/or Municipal Approval
	Completed CP -1 Application
	Engineers Report
	Plans and Specifications
	Calculated Fee \$_____

Authorized Signature of Applicant:_____

Date:_____

Make all checks payable to: Bayshore Regional Sewerage Authority

(for office use only)

Date received and fee collected by Executive Director:

Date:_____ Fee Paid: \$_____

Action of the Bayshore Regional Sewerage Authority:

Date:_____ Approved:_____

Date:_____ Disapproved: _____

Reason:_____

Date:_____

 Executive Director