

APPLICATION FOR RESIDENTIAL SEWER CONNECTION

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

APPLICATION FOR REVIEW OF PLANS FOR SANITARY SEWER CONNECTION TO SERVICE RESIDENTIAL SUBDIVISIONS OR DEVELOPMENT AREAS HAVING NO INDUSTRIAL CONTRIBUTIONS IN THE BAYSHORE REGIONAL SEWERAGE AUTHORITY SERVICE AREA, COUNTY OF MONMOUTH, STATE OF NEW JERSEY. This application must be filed at the Authority and be accompanied by connection fee as set forth in Exhibit E of the Rules and Regulation of the Authority. If over 10 units, a review and inspection fee of 1/2 of one percent of the construction cost of all sanitary sewerage facility work contemplated under this application is required. Applications requiring review must be filed with the Authority, ten days (10) in advance of the agenda 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. Name of Project or Subdivision: _____

3. Location of area to be sewerred: _____
(municipality)

_____ (streets)

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

4. Number of proposed lots or units to be sewerred: _____

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

6. Name of person to be contacted regarding this application: _____ (name)

_____ (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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Local Planning and/or Zoning Board Approval |
| <input type="checkbox"/> | Local Sewerage Authority and/or Municipal Approval |
| <input type="checkbox"/> | Completed CP -1 Application |
| <input type="checkbox"/> | Engineers Report |
| <input type="checkbox"/> | Plans and Specifications |

Calculated Fee \$ _____

Signature of Applicant: _____

Make all checks payable to: BAYSHORE REGIONAL SEWERAGE AUTHORITY

For Office Use Only

Name of Project or Subdivision: _____

Block _____ Lot _____ Town: _____

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