HAMILTON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY 6024 KEN SCULL AVENUE MAYS LANDING, NJ 08330

OFFICE: (609) 625-1872 FAX: (609) 625-0855

APPLICATION FOR COMMERCIAL/INDUSTRIAL WATER AND SEWER SYSTEM APPROVAL CHANGE OF USE

Date Filed

I. <u>PURPOSE</u>

Application for APPROVAL OF WATER AND SEWER SYSTEM AND APPURTENENCES FOR COMMERCIAL/INDUSTRIAL/PUBLIC/INSTITUTIONAL ESTABLISHMENTS in the Township of Hamilton, County of Atlantic, State of New Jersey.

II. <u>FEES AND FILING</u>

This application must be filed in duplicate fifteen days in advance of a regular meeting of the Authority accompanied by a fee of 1.5% of the estimated cost of construction as determined by the Applicant's Engineer, subject to the review and approval of the Authority's Engineer. An application fee of \$50.00, along with a minimum escrow deposit of \$500.00, shall be submitted via separate checks or by cash.

An itemized bill will be forwarded to the applicant upon completion of the review. Charges over the minimum escrow deposit will be billed to the applicant. Conversely, unexpended funds against the engineer's review cost will be returned or credited towards a subsequent review or project inspection.

The applicant may be required to provide information for the water supply and distribution hydraulic model to evaluate the needs of future users. A separate fee shall be charged for this program.

Application is hereby made for APPROVAL OF THE PLAN OF <u>WATER AND SEWER SYSTEM</u> <u>AND APPURTENANCES</u>. (Approval expires 2 years from date thereof)

III. <u>PROJECT INFORMATION</u>

A.	Applicant's Name:		
	Address:	Phone/Fax:	
B.	Name and address of present owner (if other than "A" above)		
	Name:	Address:	
C.	Interest of applicant if other than owner:		

Location of project:				
(neig	hbor or section map)			
(Street)	(Tax map block)	(Lot numbers)		
Square footage proposed:				
Area of entire tract:	Portion be	Portion being served:		
Briefly describe project:				
Name, address, and profe	ssion of person designing plan	n:		
Name:	Profession	n:		
Address:				
Phone/Fax:				
List of maps and other material accompanying application and number of each ite				
<u>ITEM</u>	NUMBER	<u>R</u>		
	<u>NUMBER</u>			
1				
1. 2.				
1. 2. 3.				
1. 2. 3. 4.				

IV. <u>WATER SYSTEM</u>

v.

A.	Generally describe the proposal for water service (size of mains/length/connection points/etc.):
B.	Type of metering proposed (meter per unit/per building/master metered):
C.	Type of fire suppression system proposed:
D.	Landscape/lawn irrigation must be accomplished through a private well. Is a wavier proposed?
<u>SEW</u> A.	ER SYSTEM Generally describe the proposal for sewer service (size of mains/length/connection points/gravity vs. force, etc.):
B.	Applicant's Engineer's estimated project usage in gallons per day and method/source of calculation:
C.	Is a kitchen facility proposed?

VI. **EASEMENTS**

Does applicant or owner agree to convey by deed to the Hamilton Township MUA easements to all areas on the plan showing water facilities and all rights to the water and sewer system?

VII. **ESTIMATE**

Applicant's engineer estimate of entire cost of construction including rights of way and easements:

Water System: \$ Sewer System: \$_____

Total System:	\$

VIII. BONDING

If Water and/or Sewer system is required, will applicant post Performacne and Maintenance Guarantees?_____

Signature of Applicant

Date

Make all checks payable to:

THE HAMILTON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

. DO NOT WRITE BELOW THIS LINE

Date received and fee collected by	Authority						
	(Date)			(Fee Paid)			
Date received and amount of water	model fee collected by Authority		/				
		(Date)		(Fee Paid)			
Recommendations of the Authority's Engineer							
Action of The Hamilton Township	Municipal Utilities Authority						
Date	Approved						
Date	Disapproved		Reason				
Approval shall expire 2 years from the date thereof.							