

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

OFFICE: (609) 625-1872
FAX: (609) 625-0855
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**APPLICATION FOR COMMERCIAL/INDUSTRIAL
WATER AND SEWER SYSTEM APPROVAL**

Date Filed_____

I. PURPOSE

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

II. FEES AND FILING

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 WATER AND SEWER SYSTEM AND APPURTENANCES. (**Approval expires 2 years from date thereof**)

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III. PROJECT INFORMATION

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:

D. List approvals/dates granted by the Hamilton Township Planning Board:_____

E. Location of project:_____

(neighbor or section map)

_____ / _____ / _____

(street)

(tax map block)

(lot numbers)

F. Square footage proposed:_____

G. Area of entire tract: _____ Portion being served: _____

H. Briefly describe project:

I. Name, address, and profession of person designing plan

Name:_____ Profession:_____

Address:_____

Phone/Fax:_____

J. List of maps and other material accompanying application and number of each item

ITEM

NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

IV. **WATER SYSTEM**

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 waiver proposed? _____

V. **SEWER SYSTEM**

A. 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? _____

D. Is an outside dumpster area proposed with a drain to sanitary sewer system? _____

IV. **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? _____

V. **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 Performance 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.