

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

**OFFICE: (609) 625-1872  
FAX: (609) 625-0855  
www.htmua.com**

**APPLICATION FOR COMPREHENSIVE  
WATER AND SEWER SYSTEM APPROVAL**

Date Filed\_\_\_\_\_

**I. PURPOSE**

Application for APPROVAL OF WATER AND SEWER SYSTEM AND APPURTENANCES 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 subdivision: \_\_\_\_\_  
(neighbor or section map)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(street) (tax map block) (lot numbers)

F. Number of proposed lots to be served: \_\_\_\_\_

G. Area of entire tract: \_\_\_\_\_, Portion being served: \_\_\_\_\_

H. Development plans:

1. Sell lots only (yes) or (no): \_\_\_\_\_
2. Construction of houses for sale: \_\_\_\_\_
3. Single family or multi family: \_\_\_\_\_
4. Other: \_\_\_\_\_

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

<u>ITEM</u>	<u>NUMBER</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

IV. **WATER SYSTEM**

A. Generally describe the proposal for water service (size of mains/length/connection points/etc.):

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B. Type of metering proposed (meter per unit/per building/master metered):

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V. **SEWER SYSTEM**

A. Generally describe the proposal for sewer service (size of mains/length/connection points/gravity vs. force, etc.):

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B. Applicant's Engineer's estimated project usage in gallons per day and method/source of calculation:

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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 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 Performance and Maintenance Guarantees?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Make all checks payable to

THE HAMILTON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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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.**