

**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 PRELIMINARY/CONCEPTUAL
WATER AND SEWER SYSTEM REVIEW**

Date Filed_____

I. PURPOSE

Application for REVIEW OF A PROPOSED PROJECT AND ITS AVAILABILITY TO OBTAIN CONNECTION TO THE WATER AND SEWER SYSTEM in the Township of Hamilton Township, 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. An application fee of \$25.00, 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.

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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. Location of subdivision/project: _____
(neighborhood or section map)

_____/_____/_____
(street) (tax map block) (lot numbers)

E. Number of proposed lots to be served _____

F. Area of entire tract: _____, Portion being served: _____

G. Development plans:

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

H. Briefly describe project:

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)

Meeting date established: _____

Recommendations of the Authority's Engineer:

