

RARITAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

APPLICATION FOR SEWER SERVICE – CLASS IA

BLOCK_____ LOT_____ Date Submitted_____

Property Location/Street Address:_____

Capacity Requested:_____ GPD/EDU's

Property Owner (please indicate if applicant is different than owner):

Name:_____

Address:_____

Phone:_____

Plumber:

Name:_____

Address:_____

Phone:_____ Lic. # _____

Work Proposed (include number and type of fixtures):_____

List All Steps Taken for Water Conservation:_____

List Any Proposed Hardship:_____

Sketch Plan Attached: Yes _____ No _____

Sketch Plan Requirements:

1. Size of Pipe
2. Slope of Pipe
3. Type of Pipe
4. Type of Connection & Joints
5. Location & Detail of Cleanouts/Inspections Riser
6. Measurement of Point of Connection to the Nearest Upstream Manhole
7. Method of Pipe Bedding
8. Method Utilized to Reduce Infiltration & Inflow
9. Location of All Water Supplies, e.g. Water Main, Water Service Lines, Wells, Storm Sewer, etc., Within 100 ft. of the Property
10. Location of All Underground Utilities Such as Gas, Telephone, Cable TV, etc.
11. In Situation Where the Sewer Lateral Must Be Encased, the Extent of the Encasement Must Be Shown

Applicant has met with the Authority's personnel and has been advised as to fees, charges and escrow, capacity allocation, billing procedure and amount of billing, easement requirements and other conditions of the Authority's Sewer Use and Regulations. Yes _____ No _____

Planning Board Approval Yes _____ No _____

Board of Adjustment/Zoning Approval Yes _____ No _____
(attach copy of Adjustment/Zoning Resolution)

This application must be submitted to the Authority no later than 15 working days prior to the regular scheduled meeting of the Board of Commissioners for any action to be taken.

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Upon signing this application, the Owner/Applicant does hereby certify:

1. That the Applicant/Proposed Occupants will comply with all of the Sewer Use Rules and Regulations of the Raritan Township Municipal Utilities Authority.
2. That the wastewater discharge shall consist of the discharge of domestic quality wastewater only, or wastewater of a non-significant industrial waste quality.

Owner/Applicant Signature: _____

(Print Name & Title)

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Additional Information Required by the Authority:

Engineer's Signature: Yes _____ No _____
(if required, sign below)

Engineer's Signature: _____

Indemnification Form Signed and Attached: Yes _____ No _____

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Official Use Only

Application Complete: Yes _____ No _____

Information Needed: _____

Fees Paid: Yes _____ No _____

Fees Needed: _____

Reviewed by Exec. Director: Yes _____ No _____

Date: _____

Approved by Board: Date: _____