

RARITAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

APPLICATION FOR PRELIMINARY SEWER SERVICE

CLASS IB – TWA REQUIRED

BLOCK_____ LOT_____ Date Submitted_____

Property Location/Street Address:_____

Capacity Requested:_____ GPD/EDU's

Property Owner:

Name:_____

Address:_____

Phone:_____

Applicant (if different from owner)

Name:_____

Address:_____

Phone:_____

Engineer:

Name:_____

Address:_____

Phone:_____ Lic. # _____

Pre-Application Meeting Requested: Yes_____ No_____

RTMUA
Application for Sewer Service-Class IB – Prelim. - TWA

Page 2

Attached Sketch Plan & Rough Proposal: Yes _____ No _____

List all steps taken for water conservation: _____

Owner/Applicant Signature: _____

(Print Name & Title)

.....
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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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 _____

.....
Official Use Only
.....

Application Complete: Yes _____ No _____

Information Needed: _____

Fees Paid: Yes _____ No _____

Fees Needed/Amts. Paid: _____

Reviewed by Exec. Director: Yes _____ No _____

Approved by Board: Date: _____