

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

**OFFICE: (609) 625-1872  
FAX: (609) 625-0855**

**APPLICATION FOR COMMERCIAL/INDUSTRIAL  
WATER AND SEWER SYSTEM APPROVAL  
CHANGE OF USE**

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

**I. PURPOSE**

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

**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)



**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:

	<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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- C. Type of fire suppression system proposed:

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- D. Landscape/lawn irrigation must be accomplished through a private well. Is a wavier proposed? \_\_\_\_\_

**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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- C. Is a kitchen facility proposed? \_\_\_\_\_

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

**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 and sewer 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

.....  
**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.**

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FAX: (609)625-0855  
PLANT: (609) 625-7021**

**CURRENT TAX STATUS VERIFICATION FORM  
(MUST ACCOMPANY ALL APPLICATIONS TO THE AUTHORITY)**

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

BLOCK & LOT(S): \_\_\_\_\_

DEVELOPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

TAX QUARTER IN QUESTION\*: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

TAX AMOUNT DELINQUENT (IF APPLICABLE): \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CERTIFY THAT THE ABOVE INFORMATION  
(Tax Collection Representative)

IS ACCURATE ACCORDING TO THE RECORDS OF THE HAMILTON TOWNSHIP TAX  
COLLECTOR.

\_\_\_\_\_  
TAX COLLECTION REPRESENTATIVE

\* PLEASE INDICATE TAX QUARTER(S) THAT ARE CONSIDERED DELINQUENT AS OF THE ABOVE STATED DATE.