

**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 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 \$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

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**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_