

APPLICATION FOR CERTIFICATION OF COMPLETION
FOR
SEWERAGE FACILITIES

Application No. _____ Filed: _____

THE LAKEWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
LAKEWOOD, NEW JERSEY

1. Applicant's Name: _____

Address: _____ Phone: _____

2. Name and Address of Present Owner if Other than Above _____

3. Preliminary Application No. _____

Date of Approval _____

Final Application No. _____

Date of Approval _____

4. Dates of Construction

Starting _____ Finishing _____

5. Have As-Built Plans for the Construction Been Submitted to the Authority

Consulting Engineers? Yes _____ No _____

6. Have the Legal Documents Been Drawn up and Received by the Authority,
transferring Interest in the Sewer System to the Authority?

Yes _____ No _____

If so, has the Authority approved of these documents?

Yes _____ No _____

Signature of Applicant

For Official Use Only

Date Received _____

Authority Consulting Engineer's Remarks: _____

