

Certification of Completion No. \_\_\_\_\_

THE LAKEWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY  
Application for Certification of Completion  
for  
Water System Facilities

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 Water System Facilities 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: \_\_\_\_\_

