

APPLICATION FOR REVIEW OF
PRELIMINARY PLANS
FOR
SEWERAGE FACILITIES

Application No. _____

Filed: _____

THE LAKEWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
LAKEWOOD, NEW JERSEY

This Application must be filed, in duplicate, with the Secretary of the Authority and shall be accompanied by an Application Fee of One Hundred (\$100.00) Dollars as well as the review deposit determined in accordance with the Review Deposit Schedule, which will be used to cover the Engineering cost involved in the review.

Application is hereby made for review and approval of preliminary plans for the construction of sewerage facilities.

1. Applicant's Name: _____

Address: _____ Phone: _____

2. Name and address of present owner if other than above: _____

3. Location of Proposed Construction:

Street: _____ Tax Map Block No. _____

4. Number of Proposed Units to be Sewered: _____

5. Name and Profession of Person Designing Plans:

Name: _____ Profession: _____

Address: _____ Phone: _____

6. Describe your proposal for sewage disposal:

7. Does applicant or owner agree to convey by deed to the Lakewood Township Municipal Utilities Authority easements to all areas on preliminary plan showing sanitary sewage facilities and all rights to the sewer system?

8. List Plans and Other Supporting Data Accompanying this Application:

9. Attach four (4) sets of preliminary plans to this application

Signature of Applicant

Date

MAKE ALL CHECKS PAYABLE TO "THE LAKEWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY"

For Official Use Only

Date Received and Fee Collected by Secretary:

Date: _____ Fee: _____

Engineer's Review Remarks: _____

Action by the Lakewood Township Municipal Utilities Authority

Review Remarks: _____

Approved: _____ Disapproved: _____

Recommendations: _____

Date: _____

Secretary: _____