

CERTIFICATE OF COMPLETION
(Corporation, Individual or Partnership)

Certification of Completion No: _____

LITTLE EGG HARBOR MUNICIPAL UTILITIES AUTHORITY
Application for Certification of Completion
For Sanitary Sewerage Facilities
and 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 record drawings for the construction been submitted to the Authority

Consulting Engineers: (yes or no) _____

6. Have the legal documents been drawn up and submitted to the Authority's Attorney transferring interest in the water facilities to the Authority: (yes or no)

_____. If so, has the Authority approved of these documents? (yes or no)
_____.

Dated: _____

Signature of Applicant

FOR OFFICIAL USE ONLY

Date Received: _____

Authority Consulting Engineer's Remarks: _____

Date Record Drawings Received: _____

Date Conveyance of Facility Received: _____

Action of the LITTLE EGG HARBOR MUNICIPAL UTILITIES AUTHORITY: _____

Approved: _____ Disapproved: _____

Certification of Completion Granted (date): _____

Secretary: _____

Final Actions: _____

Date of Release of Bonds: _____