

FINAL WATER
APPLICATION NUMBER _____

FILED _____

LITTLE EGG HARBOR MUNICIPAL UTILITIES AUTHORITY
P.O. BOX 660, 823 RADIO ROAD
LITTLE EGG HARBOR, NEW JERSEY 08087

Application for Final Approval of Water System and Appurtenances in The Township of Little Egg Harbor, County of Ocean, State of New Jersey.

This application must be filed with the Authority twenty one (21) days in advance of a regular meeting of the Authority. This application must be filed in duplicate, accompanied by a fee of one percent (1%) of the Applicant's Engineer's estimate of the entire cost of construction, subject to the review and approval of the Authority's Engineer, or a minimum fee of \$500.00. Application is hereby made for Final Approval of the Final Plan of Water System and Appurtenances.

1. Applicant's Name _____ Tax ID# _____
Address _____ Phone # _____
2. Name and Address of present owner, if other than #1 above
Name _____ Tax ID # _____
Address _____ Phone # _____
3. Preliminary Application Number _____ Date Approved _____
4. Tentative Application Number _____ Date Approved _____
5. Does the Final Plan follow exactly the Preliminary Plan in regard to details and area coverage ? _____
If not, indicate material changes _____

6. Date of filing Final Plan with The Little Egg Harbor Township Planning Board _____
7. Number of lots proposed for Final Approval _____
8. Applicant's Engineer's estimate of entire cost of construction including rights-of-way, and easements
\$ _____
9. Applicant's Attorney (In accordance with the Laws of the State of New Jersey an Applicant other than an individual must be represented by an attorney) _____
10. Calendar days required, after approval is given by the Authority to complete the entire job _____

11. List maps and other material accompanying application and number of each:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

12. Attach 3 black on white prints of your preliminary plan

SIGNATURE OF APPLICANT _____

Make all checks payable to: Little Egg Harbor Municipal Utilities Authority

Office use only

Date received and fee collected by the Authority _____
Date Amount Paid

Action of the Little Egg Harbor Municipal Utilities Authority

Date _____ Approved _____ Disapproved _____

Recommendation of the Authority _____

Little Egg Harbor Municipal Utilities Authority's Engineers' comments:

FINAL SEWER
APPLICATION NUMBER _____

FILED _____

LITTLE EGG HARBOR MUNICIPAL UTILITIES AUTHORITY
P.O. BOX 660, 823 RADIO ROAD
LITTLE EGG HARBOR, NEW JERSEY 08087

Application for Final Approval of Sanitary Sewers and Appurtenances in The Township of Little Egg Harbor. County of Ocean, State of New Jersey.

This application must be filed with the Authority twenty one (21) days in advance of a regular meeting of the Authority. This application must be filed in duplicate, accompanied by a fee of one percent (1%) of the Applicant's Engineer's estimate of the entire cost of construction, including the rights of way, and "as built" plans to be approved by the Authority's Engineer, or a minimum fee of \$500.00. Application is hereby made for Final Approval of Sanitary Sewers and Appurtenances.

1. Applicant's Name _____ Tax ID# _____
Address _____ Phone # _____
2. Name and Address of present owner, if other than #1 above
Name _____ Tax ID # _____
Address _____ Phone # _____
3. Preliminary Application Number _____ Date Approved _____
4. Tentative Application Number _____ Date Approved _____
5. Does the Final Plan follow exactly the Preliminary Plan in regard to details and area coverage ? _____
If not, indicate material changes _____

6. Date of filing Final Plan with The Little Egg Harbor Township Planning Board _____
7. Number of lots proposed for Final Approval _____
8. Applicant's Engineer's estimate of entire cost of construction including rights-of-way, and easements
\$ _____
9. Applicant's Attorney (In accordance with the Laws of the State of New Jersey and Applicant other than an individual must be represented by an attorney) _____
10. Calendar days required, after approval is given by the Authority to complete the entire job _____

11. List maps and other material accompanying application and number of each:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

12. Attach 3 black on white prints of your preliminary plan

SIGNATURE OF APPLICANT _____

Make all checks payable to: Little Egg Harbor Municipal Utilities Authority

Office use only

Date received and fee collected by the Authority _____
Date _____ Amount Paid _____

Action of the Little Egg Harbor Municipal Utilities Authority

Date _____ Approved _____ Disapproved _____

Recommendation of the Authority _____

Little Egg Harbor Municipal Utilities Authority's Engineers' comments:

