

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

Application for review of Preliminary approval of a Water System and Appurtences in the Township of Little Egg Harbor, County of Ocean, State of New Jersey.

This application must be filed in duplicate, accompanied by a fee of \$200.00 with the Authority, twenty one (21) days in advance of a regular meeting of the Authority. Application is hereby made for Preliminary Plans of proposed subdivision for ruling on whether individual water systems will be permitted, or individual water systems will be permitted provided a comprehensive system of "Dry Lines" is installed, or an active comprehensive Water System is required.

1. Applicant's Name _____ Tax ID# _____
Address _____ Phone # _____

2. Name and Address of present owner, if other than #1 above

Name _____ TaxID # _____
Address _____ Phone # _____

3. Interest of applicant if other than owner

4. Date classified as major subdivision by the Little Egg Harbor Planning Board _____

5. Location of subdivision (neighborhood or section name) _____

_____, _____
Street Address Tax Map Block and Lot(s)

6. Number of proposed lots to be served _____

7. Area of entire tract _____ Portion being served _____

8. Development plans

a. Sell lots only ? _____

b. Construction of houses for sale? _____

c. Other _____

9. Name, address, and profession of person designing preliminary plan:

Name _____ Profession _____

Address _____ Phone # _____

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. Does owner or applicant agree to covey by deed to the Little Egg Harbor Municipal Utilities Authority, easement to all areas on Preliminary Plan showing water facilities and all rights to water system ? _____

11. Describe your proposal for water service (check one)

Wells

Active Comprehensive System

Wells - Comprehensive Dry System

12. If water system is required, will applicant post Performance and Maintenance Guarantees ? _____

13. List plans and other material accompanying application and number of each:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

14. 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 Engineer's Comments: _____

PRELIMINARY 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 review of Preliminary approval of a Sanitary Sewer System and Appurtenances in the
Township of Little Egg Harbor, County of Ocean, State of New Jersey.**

This application must be filed in duplicate, accompanied by a fee of \$200.00 with the Authority, twenty one (21) days in advance of a regular meeting of the Authority. Application is hereby made for Preliminary Review of Preliminary Plan of proposed subdivision for ruling on whether individual sewerage systems will be permitted, or individual sewer systems will be permitted provided a comprehensive system of "Dry Lines" is installed, or an active comprehensive Sewer System is required.

1. Applicant's Name _____ TaxID# _____
Address _____ Phone # _____

2. Name and Address of present owner, if other than #1 above

Name _____ Tax ID # _____
Address _____ Phone # _____

3. Interest of applicant if other than owner _____

4. Date classified as major subdivision by the Little Egg Harbor Planning Board _____

5. Location of subdivision (neighborhood or section name) _____

_____, _____
Street Address Tax Map Block and Lot(s)

6. Number of proposed lots to be sewered _____

7. Area of entire tract _____ portion being developed _____

8. Development plans:

a. Sell Lots Only? _____

b. Construction of Houses for Sale? _____

c. Other _____

9. Name, address, and profession of person designing preliminary plan:

Name _____ Profession _____

Address _____ Phone # _____

Applicant's Attorney (In accordance with the Laws of the State of New Jersey an Applicant other than an individual must be represented by ant Attorney) _____

10. Does owner or applicant agree to convey by deed to the Little Egg Harbor Municipal Utilities Authority, easements to all areas on Preliminary Plan showing sanitary sewer and all rights to the sewer system ?

11. Describe your proposal for sewerage disposal (check one)

- Septic System
- Active Comprehensive System
- Septic System – Comprehensive Dry System

12. If sewer is required, will applicant post Performance and Maintenance Guarantees? _____

13. List plans and other material accompanying application and number of each.

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

14. 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 Engineer's Comments: _____

