

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

**Application for review of Preliminary Sewer Plans for subdivision or other development 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 \$500.00 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 project for ruling on whether individual sewer 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 \_\_\_\_\_ Tax ID# \_\_\_\_\_  
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 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 convey by deed to the Little Egg Harbor Municipal Utilities Authority, easements to all areas on Preliminary Plan showing sewer facilities and all rights to sewer system ?  
\_\_\_\_\_

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

- ( ) Active Comprehensive System
- ( ) Comprehensive Dry System

12. If sewer 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_