TENTATIVE SEWER **FILED**_____
APPLICATION NUMBER _____

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

Application for Tentative 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 three and one-half (3 ½ %) of the estimated cost of construction, as determined by the Applicant's Engineer, subject to the review and approval of the Authority's Engineer, or a minimum fee of $1500.00. Application is hereby made for Tentative 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. 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 Tentative 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, easements to all areas on Tentative 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 Tentative 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:

_____

_____

_____