

ONE AND TWO FAMILY RESIDENTIAL APPLICATION FOR EATONTOWN, NEW JERSEY

ADDRESS OF PROPERTY: _____

BLOCK: _____

LOT(S): _____

OWNER: _____

PHONE: _____

ADDRESS OF OWNER IF OTHER THAN ABOVE: _____

AUTHORIZED AGENT: _____

PHONE: _____

AGENT'S ADDRESS: _____

LETTER OF AUTHORIZATION: _____

YES, DATED _____

NO _____

SERVICE APPLIED FOR: Circle all that apply. _____

ONE FAMILY _____

TWO FAMILY _____

SEWER LATERAL: _____

NEW _____

REPLACED _____

DISCONNECT: _____

RECONNECT: _____

IF DISCONNECTING, NEED FORM S-1 _____

NEW STRUCTURE: _____

EXISTING BUILDING MODIFICATION: _____

- **The initial APPLICATION fee from Rate Schedule (Appendix A) shall be submitted with the application.**
- CONNECTION fees shall be paid once the application is approved and prior to the issuance of the connection permit.

IT IS THE RESPONSIBILITY OF THE APPLICANT:

- To confirm the location and depth of the existing sewer
- To check that a gravity connection can be made
- To apply for and obtain road opening permits when necessary
- To schedule an inspection of the new sewer connection by calling the Authority Superintendent 24 hours prior to excavating

I certify that the information on this application is correct.

I agree to convey by deed to the Authority all necessary easements for sanitary sewer locations and rights to sewer system.

I have obtained and read the Authority *Rules and Regulations* and will abide by them.

SIGNATURE OF OWNER(Required): _____ DATE: _____

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

APPLICATION FEE: DATE PAID:	CK#	AMOUNT PAID:
DISCONNECT FEE: DATE PAID:	CK#	PERMIT NO.
RECONNECTION FEE: DATE PAID:	CK#	PERMIT NO.
CONNECTION FEE: DATE PAID:	CK#	PERMIT NO.

CONNECTION APPROVAL: _____

AUTHORITY FINAL APPROVAL: _____

ESA ACCOUNT NUMBER(S): _____
