

Eatontown Sewerage Authority
47 Broad Street, Eatontown, NJ 07724
732-389-7605 Fax: 732-935-0785
ESA Project No.

Application Form B
Multi-Family/Multi-Unit
Commercial/Industrial

**MULTI-FAMILY, MULTI-UNIT RESIDENTIAL AND COMMERCIAL/INDUSTRIAL
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

SEWER LATERAL: NEW _____ REPLACED _____ CHANGE SIZE _____

DISCONNECT: YES _____ NO _____ IF YES, YOU NEED FORM S-1 _____

NEW STRUCTURE: _____ # OF DWELLING UNITS: _____

EXISTING BUILDING MODIFICATION: _____

SQUARE FOOTAGE OF NEW STRUCTURE: _____

CHANGE OF USE? YES _____ NO _____ IF YES, YOU NEED FORM S-2 _____

INDUSTRIAL? YES _____ NO _____ IF YES, YOU NEED FORM S-3 _____

HAVE YOU APPLIED FOR APPROVAL & RECEIVED ANY PERMITS OR APPROVALS? LIST INFO BELOW: _____

PLANNING BOARD: _____

ZONING BOARD: _____

BUILDING DEPT: _____

PLANS PREPARED BY: _____

CONTACT: _____	PHONE: _____
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ADDRESS: _____

The initial APPLICATION fee shall be submitted with the application.

- An ESCROW account must be set up before review by the Authority Engineer.
 - W-9 form filled in and signed
- Three sets of plans are required for the review
- CONNECTION & SURCHARGE 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

INITIAL APPLICATION FEE: DATE PAID:	CK#	AMOUNT PAID:
ADDITIONAL APPLICATION FEE PER UNIT: DATE PAID:	CK#	AMOUNT PAID:
ESCROW FEE: DATE PAID:	CK#	AMOUNT PAID:
SURCHARGE FEE PER UNIT: DATE PAID:	CK#	AMOUNT PAID:
CONNECTION FEE: PERMIT NO. DATE PAID:	CK#	AMOUNT PAID:

NUMBER OF EQUIVALENT UNITS:

CONNECTION APPROVAL:

AUTHORITY FINAL APPROVAL:

ESA ACCOUNT NUMBER(S):