

WASTEWATER TREATMENT CAPACITY
POINT SYSTEM CONDITIONAL ALLOCATION

APPLICATION FORM

The Raritan Township Municipal Utilities Authority has determined that wastewater treatment capacity is currently available for conditional allocation to projects within the sanitary sewer service area that may have an immediate need for capacity in excess of the existing sewer moratorium limitation of 1,500 gpd. The Authority has further determined that some or all of this capacity may be conditionally allocated to qualifying projects for future uses in which case, the appropriate Agreements for Reservation of Wastewater Treatment Capacity shall be required. All conditional appropriations of capacity, whether immediate allocation for current need or reservation for future use shall be made in accordance with the Authority's Point System Allocation procedures, the Authority's Sewer Use Rules and Regulations and any applicable policies or procedures of the Raritan Township Municipal Utilities Authority.

Please be advised that if a conditional allocation of wastewater treatment capacity is made, it will remain subject to the unconditional receipt by the Authority of wastewater treatment capacity to adequately serve all conditional allocations. Any conditional allocation of wastewater treatment capacity may be revoked at any time by the Authority prior to the unconditional allocation of wastewater treatment capacity which will be evidenced by a Reservation of Wastewater Treatment Capacity to be entered into between the Developer and the Authority.

Please be further advised that a final unconditional allocation of wastewater treatment capacity may take up to twelve (12) months.

This fully completed and signed Application Form must be returned to the Authority by no later than 4:00pm on August 4, 2010 at the Authority offices at 365 Old York Road, Flemington, New Jersey 08822, along with a non - refundable \$75.00 application fee. Any Application Form which has not been fully completed may be rejected by the Authority.

Application **MUST** be accompanied by a letter from the Raritan Township Planner stating that the proposed development is in compliance with the current Master Plan and / or zoning requirements.

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND PROVIDE ALL
REQUIRED INFORMATION LISTED BELOW.

DATE OF APPLICATION: _____

LOCATION OF PROPERTY OR TRACT TO BE IMPROVED:

Street Address: _____

Block (s): _____ Lot (s): _____

(Please note that all properties for which capacity is requested must be located within the RTMUA Sanitary Sewer Service Area)

NAME AND ADDRESS OF PROPERTY OWNER: _____

APPLICANTS NAME AND ADDRESS (if different from Owner): _____

DEVELOPER'S NAME AND ADDRESS (if different than Owner or Applicant): _____

PHONE NUMBERS:

Owner: _____

Applicant: _____

Developer: _____

1. AMOUNT OF CAPACITY: _____
Note: Design flow criteria must conform to N.J.A.C. 7:14A-23.3

2. SPECIFIC NEED: (Check One)

_____ New Allocation

_____ Increase in Existing Allocation

_____ Change in Use Requiring an Increase in the Existing Allocation

3. TYPE OF DEVELOPMENT: (Check One)

_____ Residential

_____ Commercial / Retail / Office

_____ Industrial (Manufacturing, Processing, Warehouse)

_____ Other - Explain: _____

4. PROPERTY ZONING: (See Raritan Township Zoning Ordinances & Map)

Name of Zoning District in which subject property is located: _____

a) Is the proposed use (for which capacity is requested) a permitted use in the zoning district in which located?

Yes _____ No _____

If the answer to 4a) is No, Please review RTMUA Resolution #99 - 00043 which sets forth RTMUA Point System Allocation Policy. If there is a question concerning permitted use, please review this with the Raritan Township Zoning Officer.

5. IF COMMERCIAL / RETAIL / OFFICE:

a) Total Building Square Footage of Project: _____

b) Number of Seats in Restaurant (s) (if applicable): _____

(Please submit calculations used to estimate capacity requested)

6. IF INDUSTRIAL:

a) Type of Industry to be Developed: _____

b) Products or Services to be Produced: _____

c) **Total** Building Square Footage of Project: _____

Building Square Footage by Use (i.e. Manufacturing , Warehouse,
Office): _____

d) Warehouse space has showers: Yes _____ No _____

e) Number of Employees:

_____ Full Time (more than 25 hours / week)

_____ Part Time (10 - 25 hours / week)

_____ Part Time (less than 10 hours / week)

(Please submit calculations used to estimate capacity requested)

7. IF RESIDENTIAL

a) Number and Types of Housing Units to be Constructed:

_____ Single Family Homes

_____ Multi Family Homes (list number of individual units)

_____ One Bedroom Townhouses or Condominiums

_____ Two Bedroom Townhouses or Condominiums

_____ Three or More Bedroom Townhouses or Condominiums

_____ Echo Units

(Please submit calculations used to estimate capacity requested)

8. DESCRIPTION OF PROPOSED PROJECT: (Please use following space or attach)

9. TIMEFRAME:

- a) Projected starting date of construction: _____
- b) Projected completion date of construction: _____
- c) Anticipated date that sewage flows to RTMUA to begin: _____
- d) Will this project be constructed in phases: Yes _____ No _____
Number of Phases: _____
- e) Capacity is requested for how many phases: _____

10. WASTEWATER CHARACTERISTICS:

- a) Domestic Quality Sewage: Yes _____ No _____
- b) If wastewater is of a quality different than that of Domestic Sewage, an Industrial Pretreatment Questionnaire MUST be completed and submitted with this application.

11. POINT OF CONNECTION TO SYSTEM:

- a) Where is the proposed point of connection to the Authority's sewer system?

- b) Is a sewer main extension required? Yes _____ No _____

- c) If Yes, how many linear feet of sewer main must be installed? _____

- d) What size or sizes of sewer main are required? _____

- e) Will easements be required? Yes _____ No _____

How many linear feet? _____

- f) Will a pumping station be required? Yes _____ No _____

If Yes, provide a description: _____

12. PROJECT STATUS:

- a) Have plans, profiles and specifications been prepared for this project? Yes _____ No _____

If Yes, submit two (2) signed and sealed sets.

Copies submitted: Yes _____ No _____

- b) Has an engineering report, describing the proposed project and the amount of wastewater treatment capacity required been completed? Yes _____ No _____

If Yes, submit two (2) signed and sealed sets.

Copies submitted: Yes _____ No _____

c) Has a sketch plat or concept plan been completed for the project?
Yes _____ No _____

If Yes, submit two (2) signed and sealed sets.

Copies submitted: Yes _____ No _____

d) Have any other approvals or permits from any other Local, State or Federal Agency been received for the project? Yes _____ No _____

If Yes, submit two (2) copies. If No, list all other approvals or permits required: _____

13. Has Applicant returned or contracted to return unused wastewater treatment capacity to the RTMUA during the past 24 months?
Yes _____ No _____

If yes, attach a copy of any Agreement for Return of Wastewater Treatment Capacity.

Copy submitted: Yes _____ No _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION FOR CONDITIONAL POINT SYSTEM ALLOCATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT FALSIFICATION OF ANY OF THE INFORMATION PROVIDED HERIN WILL SUBJECT ME TO CRIMINAL PROSECUTION AND WILL INVALIDATE THIS APPLICATION.

Type Name of Applicant

Signature of Applicant

Type Title or Position

Type Date of Application

Type Name of Owner
(if other than Applicant)

Signature of Owner
(if other than Applicant)