

RARITAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

APPLICATION FOR PRELIMINARY SEWER SERVICE

CLASS IB – TWA REQUIRED

BLOCK_____ LOT_____ Date Submitted_____

Property Location/Street Address:_____

Capacity Requested:_____ GPD/EDU's

Property Owner:

Name:_____

Address:_____

Phone:_____

Applicant (if different from owner)

Name:_____

Address:_____

Phone:_____

Engineer:

Name:_____

Address:_____

Phone:_____ Lic. # _____

Pre-Application Meeting Requested: Yes_____ No_____

RTMUA
Application for Sewer Service-Class IB – Prelim. - TWA Required

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Attached Sketch Plan & Rough Proposal: Yes _____ No _____

List all steps taken for water conservation: _____

Owner/Applicant Signature: _____

(Print Name & Title)

Additional Information Required by the Authority:

Engineer's Signature: Yes _____ No _____
(if required, sign below)

Engineer's Signature: _____

Indemnification Form Signed and Attached: Yes _____ No _____

Official Use Only

Application Complete: Yes _____ No _____

Information Needed: _____

Fees Paid: Yes _____ No _____

Fees Needed/Amts. Paid: _____

Reviewed by Administrator: Yes _____ No _____

Date: _____

Approved by Board: Date: _____