

THE EVESHAM MUNICIPAL UTILITIES AUTHORITY
100 Sharp Road
P.O. Box 467
Evesham, New Jersey 08053
(856) 983-1878

APPLICATION FOR WATER SERVICE

- 1. Name of Applicant: _____
Address: _____
Telephone No: _____
- 2. Name of Owner: _____
Address: _____

- 3. Interest of Applicant, if other than owner: _____

- 4. Name of Development: _____
- 5. Location of Development: _____
- 6. Status of Planning Board Application: _____

- 7. Number of Proposed Lots to Be Serviced: _____
- 8. Schedule of Development (list chronologically)

Estimated Connection Date	Section Number	Number of Units	Number of EDU's	Types of Units

TOTAL NUMBER: _____

- 9. Applicant's Consulting Engineer: _____
Address: _____

- Telephone No.: _____

(Continued on Back)

10. Name and Address of Surety Company posting Performance Bond:

11. List Titles of Plans Accompanying this Application:

12. Attached to this application are checks made payable to The Evesham Municipal Utilities Authority for the application fee in the amount of \$50.00 and conceptual review fees in the amount of \$_____.

13. INSTRUCTIONS TO APPLICANTS:

- a This form is to be submitted in triplicate.
- b Attach six (6) copies of all conceptual engineering plans to this application.
- c There is an application fee for W-1 applications in the amount of \$50.00, which is payable herewith, by separate check.
- d There is a conceptual review fee in the amount of \$20.00 for each equivalent dwelling unit receiving water service as indicated in the W-1 application. This fee is payable by separate check at the time this application is submitted.
- e EQUIVALENT DWELLING UNIT (EDU) CALCULATIONS:

Single family home, townhouse, condo, apartment or mobile home -1 EDU per unit

Office space - (0.10 GPD x #of sq. ft.) ÷ 240 gpd = # of EDU's

Warehouse space - (0.036 GPD x # of sq. ft.) ÷ 240 gpd = # of EDU's

Other uses - GPD as per N.J.A.C. 7:9-1.106 ÷ 240 gpd = # of EDU's

I have read the foregoing instructions and understand them. My checks for the application fee and the conceptual review fees are attached. I understand that this application is not complete and will not be considered by the EMUA without the payment of these fees. I certify that the statements made by me in this application are true.

APPLICANT:

(Signature)

(Type or Print Name and Title)

Date: _____

FOR EMUA USE ONLY:

APPROVAL BY EMUA CONSULTING ENGINEER:

Date: _____ Signature: _____

ACTION BY EMUA: Approved: _____ Disapproved: _____

Reasons or Disapproval:

Date: _____ Signature: _____