

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

APPLICATION FOR SEWER 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: _____
10. Address: _____

 Telephone No.: _____

(Continued on Back)

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

12. List Titles of Plans Accompanying this Application:

13. 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 \$_____.

14. 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 S-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 sewer service as indicated in the S-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.

FOR EMUA USE ONLY:

APPLICANT:

(Signature)

(Type or Print Name and Title)

Date: _____

APPROVAL BY EMUA CONSULTING ENGINEER:

Date: _____

Signature: _____

ACTION BY EMUA: Approved: _____ Disapproved: _____

Reasons for Disapproval: _____

Date: _____

Signature: _____