## THE EVESHAM MUNICIPAL UTILITIES AUTHORITY Evesham Township Municipal Complex 100 Sharp Road Evesham, New Jersey 08053 (856) 983-1878

## APPLICATION FOR SEWER SERVICE

1.	Name of Appli	icant:							
	Address:								
	Telephone No	).:							
2.	Name of Own	er:							
	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.	s. Schedule of Development (list chronologically)								
	Estimated Connection	Section Number	Number of Units	Number of EDU's	Types of Units				
,	Date	Number	UTIILS	ED0.8					
TC	OTAL NUMBER	<b>:</b>							
9.	Applicant's Co	Applicant's Consulting Engineer:							
	Address:	Address:							
	Telephone No	).:							

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10.	Nan	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 Municip Utilities Authority for the application fee in the amount of \$50.00 and conceptureview fees in the amount of \$						
13.	INSTRUCTIONS TO APPLICANTS:						
	A.	This form is to be submitted i	n 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 equivalend 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:						
Offic War	ce sp ehou	mily home, townhouse, condo, ace - (0.10 GPD x #of sq. ft.) ÷ se space - (0.036 GPD x # of s es - GPD as per N.J.A.C. 7:9-1	sq. ft.) ÷ 240 gpd = # of EDU's				
appl appl	licatio licatio ment	on fee and the conceptual re on is not complete and will	ns and understand them. My checks for the view fees are attached. I understand that this not be considered by the EMUA without the e statements made by me in this application are				
			APPLICANT:				
			(Signature)				
Date	e:		(Type or Print Name and Title)				
		UA USE ONLY: /AL BY EMUA CONSULTING	ENGINEER:				
Date	e:		Signature:				
<u>ACT</u>	ION	BY EMUA: Approved:	Disapproved:				
Rea	sons	for Disapproval:					
Date	ə:		Signature:				