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

<u>APPLICATION FOR WATER SERVICE</u>

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)

Date:_____   _____
                               (Type or Print Name and Title)

FOR EMUA USE ONLY:
APPROVAL BY EMUA CONSULTING ENGINEER:

Date:_____   Signature:_____

ACTION BY EMUA: Approved: _____   Disapproved:_____

Reasons for Disapproval:_____

_____

_____

Date:_____   Signature: _____