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

APPLICATION FOR APPROVAL OF WATER CONSTRUCTION PLANS

	Name of Applicant:				
	Address:				
	Telephone No.:				
	Name of Owner:				
	Address:				
	Name of Dovelopme	nt·			
	Section Number:				
	•		rviced:		
Status of Planning Board Application for Property Described in this Application					
	(ATTACH COPY OF	FINAL PLAN	NING BOARD APPROVAL RESOLUTION)		
	Describe Proposed Water System and Appurtenances:				
	Descri	ption	Estimated Cost		
	List Titles of Plans A	ccompanying t	this Application:		
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	List Titles of Plans A	ccompanying t	this Application:		
			this Application:		

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		VV-3			
10.	Attached to this Application are checks made payable to The Evesham Municipal Utilities Authority for the Application fee of \$20.00 and for initial escrow fees in the amount of \$				
11.	INSTF	INSTRUCTIONS TO APPLICANTS:			
	A.	Attach six (6) copies of water construction plans to this application.			
	B.	There is an application fee for each W-3 application in the amount of \$20.00 which is payable herewith by separate check.			
	C.	Initial escrow fees shall be posted, by separate check, according to the following schedule:			
		 a) 6-inch water line - \$0.08 per foot. b) water lines in excess of 8 inches - \$0.12 per foot. c) water system appurtenances - two (2%) percent of estimated cost of construction as determined by EMUA. d) inspection fees - six (6%) percent of estimated cost of construction as determined by EMUA. 			
		NOTE: Initial escrow fees not to exceed \$5,000 for property referred to in this Application.			
	D.	Upon final approval of the Authority and Engineer, Applicant will submit plan of sections showing tax lot and block number with a cross-indexed street address list.			
attach the El	ed. Lu	he foregoing instructions and understand them. My check for the escrow fee is understand that this application is not complete and will not be considered by thout the payment of this fee. I certify that the statements made by me in this re true.			
		APPLICANT:			
		(Signature)			
		(Type or Print Name and Title)			
Date:					
FOR I	EMUA	USE ONLY:			
CERT	IFIED A	AS COMPLETED ON: Date:			
APPR	OVAL	BY EMUA CONSULTING ENGINEER: Date:			
	ated Co				
ACTIO	ON BY	EMUA: Approved: Disapproved:			

Reasons for Disapproval:

Date: _____ Signature: ____