

GALLOWAY TOWNSHIP MUNICIPAL UTILITY DIVISION**APPLICATION FOR REVIEW****SANITARY SEWERAGE FACILITIES/ROAD IMPROVEMENTS**

This application must be filed in triplicate with the Galloway Township M.U.D. and shall be accompanied by an application fee of \$150, five (5) sets of plans, engineers report, specifications, Planning/Zoning Board approval and \$1,500 review fee (must be separate checks). The applicant shall be responsible for all other fees associated with this application. Guidelines are available upon request.

Make all checks payable to: **GALLOWAY TOWNSHIP UTILITY DIVISION**

1. Name of Development:_____

2. Applicant's Name:_____

Address:_____

Business Phone:_____ Home:_____

Email address to send review letters:_____

3. Name and Address of owner if other than above:_____

4. Name and Professional License Number of person designing plans:

Name:_____ License No._____

Address:_____

Phone:_____

5. Location of Proposed Construction:

Street:_____

Block:_____ Lot:_____

6. Type of Development:

() Residential

() Commercial

() Industrial

7. Number of proposed connections to be served: _____

Estimated daily usage or flow per connection (in gallons per minute or per day):

Strength/Content of discharge (name all chemicals and industrial wastes if other than domestic) _____

8. Describe your proposal for sewerage disposal: _____

9. Does applicant have title in order to convey by fee to the Utility Division easements to all areas showing sewerage facilities and all rights to the sewerage facilities? _____

10. Does applicant have financial capacity to post Performance Bond? _____

11. Applicant Engineer's estimate of entire construction cost, including asbuilt plans:

12. Calendar days required to complete the entire project after approval is granted:

13. List plans and other supporting data accompanying this application:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

14. Do you have Planning or Zoning Board Approval? _____

Preliminary _____ Final _____ (submit proof)

15. Are you required to have Planning or Zoning Board approval? YES _____ NO _____

16. Are you required to have public water? YES _____ NO _____

17. Are you covered by the grandfather clause? YES _____ NO _____

If the answer is YES, please submit the required proof.

18. Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY – DO NOT COMPLETE

Received by: _____ Date: _____

Application Fee:

Paid by: () Cash () Check # _____

Amount Paid: _____

Engineer Review Fee:

Paid by: () Cash () Check # _____

Amount Paid: _____

Comments: _____
