

Phone (856) 415-1111  
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**THE DEPTFORD TOWNSHIP  
MUNICIPAL UTILITIES AUTHORITY**  
P.O. BOX 5506  
DEPTFORD, NJ 08096

**APPLICATION – UTILITY CONNECTION**

In order to apply for a DTMUA Connection Permit, you must provide a copy of your Road Opening Permit (whichever is applicable: Twp., County or State). In the case of sewer connection application a Gloucester County Utilities Authority (GCUA) Permit is needed.

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Application is hereby made by undersigned for connection to public:

1. Sewer \_\_\_\_\_ Water \_\_\_\_\_ (check appropriate box)
2. Location: \_\_\_\_\_  
Block/Lot \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_
3. Connection for:
  - a. \_\_\_\_\_ Single Family Home Only
  - b. \_\_\_\_\_ Single Family Home, Place of Business
  - c. \_\_\_\_\_ Structure other than the either of the above (describe on back)
4. If single family home connection is applied for; does home have apartment(s), either rental or non-rental? \_\_\_\_\_ Yes, How many \_\_\_\_\_, \_\_\_\_\_ No
5. Do you currently have an account for either service for the above property?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
6. Is connection request for:  
\_\_\_\_\_ New Structure \_\_\_\_\_ Existing Structure
7. Who will occupy the structure? \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Both \_\_\_\_\_
8. Does the property have a \_\_\_\_\_ Well \_\_\_\_\_ Septic System

It is understood and agreed by the undersigned applicant-property owner or his authorize agent that any misstatement or misrepresentation made to the Deptford M.U.A. within this application or otherwise may result in revocation of any permit issued and/or removal of any utility connection made pursuant thereto. It is further understood and agreed that the applicant-owner shall comply with the Rules and Regulations of the Deptford M.U.A. in the method or manner of which utility connection(s) at the applicant's-owner's sole cost and expense or be cause for interruption by the Deptford M.U.A. of the utility service(s) to the property above described.

Name: \_\_\_\_\_ (Print)  
Signature \_\_\_\_\_ Applicant-owner  
Name \_\_\_\_\_ Authorized Agent  
Signature \_\_\_\_\_ Authorized Agent  
Phone# \_\_\_\_\_ Cell# \_\_\_\_\_