THE DEPTFORD TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
P.O. BOX 5506, DEPTFORD, NEW JERSEY 08096
TEL: [856] 415-1111 FAX: [856] 415-0223

FORM "A"

FORM "A" Application for report on feasibility of extending Public Sewer and/or Water,

PURPOSE: To determine the economic and technical feasibility of extending public sewer and/or public water

APPLICATION FEE: Sewer - $50.00; Water - $50.00 {Check should be made payable to the Deptford Township Municipal Utilities Authority}.

REVIEW FEE: Sewer - $600.00; Water - $600.00 {to be deposited into escrow funds for professional reviews.

APPLICANT

NAME:_____ CONTACT PERSON:_____

ADDRESS:_____

TELEPHONE:_____ FAX:_____

PROJECT TO BE SERVICED

NAME:_____

ADDRESS:_____

AREA OF ENTIRE TRACT: _____ PORTION TO BE SERVICED: _____

NUMBER OF LOTS: _____ TAX MAP PLATE NUMBER: _____ BLOCK: _____ LOT:_____

TYPE: (CHECK) ☐ SINGLE FAMILY ☐ TOWNHOUSES ☐ INDUSTRIAL

☐ COMMERCIAL ☐ APARTMENTS ☐ OTHER _____

ACTION INITIATED WITH PLANNING BOARD

TYPE OF REQUEST: (CHECK) PLANNING BOARD APPLICATION TO BE SUBMITTED, IF REQUIRED.

☐ SUBDIVISION CLASSIFICATION

☐ ZONING CHANGE FROM ZONE _____ TO _____

DEVELOPMENT PLANS

CONSTRUCTION START DATE: _____ DURATION OF PROJECT: _____

APPLICANT INTENDS TO: ☐ SELL UNIMPROVED LOTS

☐ SELL IMPROVED LOTS

☐ SELL COMPLETED LOTS

PROFESSIONAL ENGINEER DESIGNING WATER/SEWER SYSTEM:

SIGNATURE: _____ (SEAL)_____

ADDRESS: _____

TELEPHONE: _____

DESCRIPTION OF PROPOSED SYSTEMS:

WATER: _____

_____

_____

SEWER: _____

_____

_____

SUPPORTING DATA REQUIRED:

(a) General location plan showing streams, streets, blocks, lots, and tax map numbers, existing water mains, existing sewer mains, three (3) Copies _____

(b) Proposed System outlines sizes, and routes of construction _____

(c) Estimated rates of flow _____

_____ _____

DATE PRINT NAME SIGNATURE OF APPLICANT

ACTION: Form A-1 or Form A-2, whichever is applicable, will be issued to applicant and Planning Board within 45 days after this application has been received at the MUA office.

DO NOT WRITE BELOW THIS LINE – FOR DTMUA USE ONLY

DATE APPLICATION RECEIVED: _____ AMOUNT OF CHECK (S): _____

SIGNATURE OF DTMUA: _____

ACTION BY AUTHORITY

1. SUBDIVISION CLASSIFICATION:

FEASIBILITY: ☐ FEASIBLE ☐ NOT FEASIBLE

2. ZONING CHANGE:

3. REPORT ISSUED BU AUTHORITY ENGINEER ☐ YES ☐ NO

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FORM "A"

PROJECT: _____

PROJECT NO: _____

DEPTFORD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
FORM "A" REQUIREMENTS
[CHECK LIST]

- ☐ Application complete and signed by Owner
- ☐ Payment of Fees
- ☐ Copies of filed deeds for any and all utility easements
- ☐ PDF copy of all plans and reports in original sizes
- ☐ General Location Plan indication [3 Sets]:
- ☐ Streams
- ☐ Streets
- ☐ Block, Lots and Tax Map Numbers/Plate Number
- ☐ Copy of the Planning Board Application
- ☐ Location of any existing water mains
- ☐ Location of any existing sewage systems
- ☐ Proposed system(s) outline
- ☐ Route of construction
- ☐ Estimated flow rate calculations
- ☐ Location of any and all utility easements clearly shown on plan