

EAST WINDSOR

~~MUNICIPAL~~

7 WILTSHIRE DRIVE

~~MUNICIPAL~~
PHONE: 609/443-6000 FAX: 609/443-3928

~~UTILITIES~~

EAST WINDSOR, NEW JERSEY 08520-1297

~~AUTHORITY~~
~~AUTHORITY~~

NUMBER: _____

WSA - APPLICATION OF SERVICE FORM

PURPOSE: This application and attached supporting data specifying the engineering details of the proposed project will be reviewed for compliance with the EWMUA rules and regulations, engineering standards and feasibility of the provision of water and sewer service to the project.

SPECIFY: WATER: _____ Anticipated Use: _____ GPD NJDEPE FORM CP-1
Required Yes _____
SEWER: _____ Anticipated Use: _____ GPD No: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ - _____ - _____

NAME OF ENGINEER: _____

ADDRESS: _____

TELEPHONE: _____ - _____ - _____

NAME OF PROJECT: _____

LOCATION (STREET) _____ EAST WINDSOR, NJ 08520

TAX MAP PLATE No. _____ BLOCK No. _____ LOT(S) No: _____, _____

EAST WINDSOR TOWNSHIP PLANNING BOARD APPROVALS:

Conceptual: _____ (DATE) Preliminary: _____ (DATE) Final: _____ (DATE)

EST. START OF CONSTRUCTION: _____ (DATE) CONSTRUCTION COMPLETION: _____ (DATE)

NUMBER OF UNITS PER YEAR (if applicable): _____

TYPE OF PROJECT:

Single Family: _____ Residential Development: _____ Number of Units: _____

Office: _____ Number of Offices: _____ Total Square Footage: _____

Commercial: _____ Number of Stores: _____ Total Square Footage: _____

Industrial: _____ Usage of Product: ____ (See Form - CAO) ____ Total Square Footage: _____

Other: _____ Describe: _____

I understand that the acceptance and approval of this is solely for the purpose of determining the feasibility of the above described project's technical completeness for the eventual connection to the EWMUA's water and/or sewer system(s). Nothing herein contained shall constitute an approval for the actual connection to the EWMUA water and/or sewer system(s) and the requirements of State, County and local agencies must be met prior to final approval. In the event EWMUA water and/or sewer system(S) do not have adequate capacities to serve this project, no liability shall be incurred by the EWMUA in this matter.

I have received a copy of the EWMUA's rules and regulations and I am familiar with the terms and conditions set form therein.

(Date)

(Signature)

FOR EWMUA USE ONLY

A. Site plan water and sewer details engineering reports (in duplicate):

Received: _____

(Date)

Certified Complete: _____

(Date & Initials)

B. Transmitted to EWMUA Consulting Engineer _____

(Date)

(Initial)

C. Approved by EWMUA Consulting Engineer: _____

(Date)

(Initial)

D. Scheduled For EWMUA review and action: _____

(Date)

(Initial)

E. Action by EWMUA: Approved: _____ Disapproved: _____ Held Over: _____

Conditions of approval or disapproval: _____

(Date)

(Signature)