

**SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY
Application for Sewer Extension Form**

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|---|--|
| Application Received: _____ <div style="text-align: center;">Date</div> | Application Complete _____ <div style="text-align: center;">Date</div> |
| (For Internal Use Only) | |

This application must be completed in its entirety, accompanied with all supporting documentation and the appropriate review and inspection fees. All applications must be filed with the Executive Director of the Authority at a minimum of 30 days in advance of the next regularly scheduled meeting of the Authority. **TWO COMPLETE SETS OF DOCUMENTS MUST BE SUBMITTED.** One will be returned for submission to DEP, after approval by our Commissioners.

SECTION I

- A. Applicant's Name: _____ Phone: _____
 Address: _____
- B. Applicant's Engineer: _____ Phone: _____
 Address: _____
- C. Point of Contact: _____
- D. Name of Project _____

SECTION II

- A. Location of area to be sewered _____
 (Municipality)
 Tax Map information _____
 (Block(s) _____ (Lot number) _____
 Nearest existing cross streets _____ & _____
- B. General description of project & area to be sewered: _____

- C. Number of proposed EDSUs _____
 (Residential) _____ (Commercial) _____ (Industrial) _____
 Anticipated Flows _____
 Total allocation being sought _____

NOTE: Formula for calculation of Sewer Extension Application Review Fee:

- (1) \$150.00 for the first (1) Equivalent Domestic Service Unit (EDSU) or part thereof.
- (2) \$60.00 each from the second (2) Equivalent Domestic Service Unit (EDSU) through and including the sixth (6)
- (3) \$450.00 for seven (7) or more EDSUs, plus 0.90 of 1% of the cost of the sewer construction cost.
- (4) In extraordinary circumstances where, due to the nature of the application, the payments set forth in paragraph (1), (2) or (3) are insufficient to cover the Authority's administrative costs for review, the applicant shall pay to the Authority, in addition to the sums in (1), (2) or (3) a sum representing the Authority's actual administrative costs and expenses.

SECTION III

All applications must be accompanied with the following submittals in order to be deemed complete and to be considered for processing. (All documents must be signed, stamped and dated as required.)

| DESCRIPTION | <u>APPLICANT</u> ORIGINAL | <u>SMRSA</u> COPY |
|---|--------------------------------------|------------------------------|
| <input type="checkbox"/> SMRSA Application | _____ | _____ |
| <input type="checkbox"/> Review & Inspection Fee Payment | _____ | _____ |
| <input type="checkbox"/> Application Form (TWA #1) | _____ | _____ |
| <input type="checkbox"/> Engineer's Report Form (WQM-006) | _____ | _____ |
| <input type="checkbox"/> Consent Forms (WQM-003) | _____ | _____ |
| <input type="checkbox"/> Comprehensive Construction Cost Est. | _____ | _____ |
| <input type="checkbox"/> U. S. G. S. Quadrangle Map | _____ | _____ |
| <input type="checkbox"/> Appropriate Municipal Resolutions | _____ | _____ |
| <input type="checkbox"/> <u>Final</u> Site Plan Documents | _____ | _____ |
| <input type="checkbox"/> Construction Plans & Specifications | _____ | _____ |
| <input type="checkbox"/> A Plan View Drawing illustrating the ultimate routing of the proposed sewage flows, from the project area to the point of proposed discharge into the SMRSA System must be provided. | _____ | _____ |
| <input type="checkbox"/> A chronological listing of all approved lots and blocks to be serviced by the proposed sewer extension, highlighting existing or proposed sewer extension, highlighting existing or proposed uses. | _____ | _____ |

NOTE: According to the provisos of a Treatment Works Permit, a WQM-005 Certification of Approval must be filed with the SMRSA prior to placing the system in operation.

SECTION IV

(FOR SMRSA USE ONLY)

ROUTING PROCESS

Date Received: _____ Routed: Ex. Director: _____ Finance: _____ Office Coordinator: _____

Total Allocation: _____ Agenda Item for: _____
(date)

Approval Date: _____ Resolution No: _____

Allocation applied as Dedicated Flow To:

Municipality: _____
(initial) (date)

SMRSA Pumping Station: _____
(initial) (date)