APPLICATION FOR SEWER EXTENSION FORM

<table>
<thead>
<tr>
<th>Application Received: ___________________</th>
<th>Application Complete ________________</th>
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<tr>
<td>Date</td>
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(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(s))

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. $175.00 for the first (1) Equivalent Domestic Service Unit (EDSU) or part thereof.
2. $65.00 each from the second (2) Equivalent Domestic Service Unit (EDSU) through and including the sixth (6)
3. $500.00 for seven (7) or more EDSUs, plus 0.95% 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.
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.)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>APPLICANT ORIGINAL</th>
<th>SMRSA COPY</th>
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<tbody>
<tr>
<td>□ SMRSA Application</td>
<td>______</td>
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<tr>
<td>□ Review &amp; Inspection Fee Payment</td>
<td>______</td>
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<tr>
<td>□ Application Form (TWA #1)</td>
<td>______</td>
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<tr>
<td>□ Engineer’s Report Form (WQM-006)</td>
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<tr>
<td>□ Consent Forms (WQM-003)</td>
<td>______</td>
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<tr>
<td>□ Comprehensive Construction Cost Est.</td>
<td>______</td>
<td>______</td>
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<tr>
<td>□ U. S. G. S. Quadrangle Map</td>
<td>______</td>
<td>______</td>
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<tr>
<td>□ Appropriate Municipal Resolutions</td>
<td>______</td>
<td>______</td>
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<tr>
<td>□ Final Site Plan Documents</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>□ Construction Plans &amp; Specifications</td>
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□ 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. ______ ______ ______

□ A chronological listing of all approved lots and blocks to be serviced by the 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)