

***SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY***

*1235 18<sup>th</sup> Avenue  
Belmar, New Jersey 07719  
Phone: 732 681-0611*

**APPLICATION FOR CAPACITY REVIEW**

**DATE APPLIED:** \_\_\_\_\_ **DATE REC'D BY SMRSA** \_\_\_\_\_

1. Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

2. Property Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Project Engineer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Description of Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Building Description: Type Construction, Number of Stories, Total Sq. Footage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Total Estimated Capacity required by type of use and as determined by utilizing NJAC  
7:14A-23.3 Projected Flow Criteria as a design basis.

Type of Use

Calculation

Sub Total

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

Supporting Information

- Number of Showers: \_\_\_\_\_
- Number of Kitchens: \_\_\_\_\_
- Number of Laboratories: \_\_\_\_\_
- Number of Bathrooms: \_\_\_\_\_
- Number of Filling Positions (if service station): \_\_\_\_\_
- Number of Units (if lodging facility) \_\_\_\_\_
  - (1) Number of seats (if a Restaurant) \_\_\_\_\_
  - (2) Number of seats (if a bar or cocktail lounge) \_\_\_\_\_
- Maximum Number of Employees in each area: \_\_\_\_\_

- 7. Will this project require a NJDEP Sewer Extension Application  Yes  No
- 8. Will the project require a Treatment Works Approval Application  Yes  No
- 9. Provide a narrative explanation of the review undertaken to determine TWA and Sewer Extension applicability.

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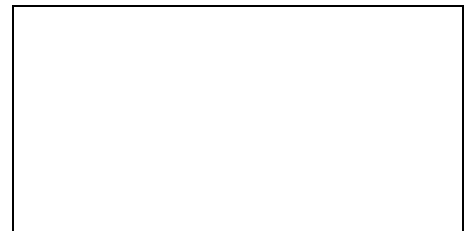
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- 10. Is project considered qualifying as "Affordable Housing"?  Yes  No

If yes, supply the name of the government agency or proven non-profit organization that is constructing the "Affordable Housing."

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- 11. Supplemental Information Attached?  Yes  No



*Seal*

\_\_\_\_\_  
*Engineers Signature*

**NOTE:**

- All Applicants should provide a signed and sealed set of plans clearly illustrating any and all proposed sanitary sewer connections.
- All information should be completed by the project engineer whenever possible.
- All information must be provided for consideration of this application. If any question is inapplicable, enter "NA".
- If qualifying affordable housing, supply proof of Non Profit tax status.