

SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY

*1235 18th 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.

<u>Type of Use</u>	<u>Calculation</u>	<u>Sub Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

Supporting Information

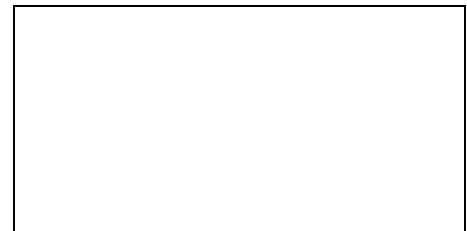
Number of Showers: _____
Number of Kitchens: _____
Number of Laboratories: _____
Number of Bathrooms: _____
Number of Filling Positions (if service station): _____
Number of Units (if lodging facility) _____
 (1) Number of seats (if a Restaurant) _____
 (2) Number of seats (if a bar or cocktail lounge) _____
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.

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."

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.