## SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY

1235 18th Avenue

Belmar, New Jersey 07719 Phone: 732 681-0611 Fax: 732 280-9332



## **APPLICATION FOR CAPACITY REVIEW**

<b>T</b> ]	E APPLIED:	DAT	E REC'D BY S	SMRSA	
1.	Project Name:				
	Address:				
	Block:	Lo	t(s):		
2.	Property Owner:				
	Name:				
	Address:				
	Phone:	<del></del>			
3.	Project Engineer				
	Name:				
	Address:				
	Phone:				
4.	Description of Use:				
5.	Building Description: Type	Construction, Nur	mber of Stories, To	otal 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	<u>C</u> a	lculation	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 ApplicationYesNo				
8.	Will the project require a Treatment Works Approval ApplicationYesNo				
9.	Provide a narrative explanation of the review undertaken to determine TWA and Sewer Extension applicability.				
If	D. Is project considered qualifying as "Affordable Housing"?YesNo yes, supply the name of the government agency or proven non-profit organization that is instructing the "Affordable Housing."				
11	. Supplemental Information Attached?YesNo				
	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.