

# SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY

1235 18<sup>th</sup> Avenue, Belmar, New Jersey 07719

Phone: 732 681-0611 Fax: 732 280-9332



## APPLICATION FOR SEWER EXTENSION FORM

<b>Application Received:</b> _____ Date	<b>Application Complete</b> _____ Date
(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.

**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.)

<b>DESCRIPTION</b>	<b><u>APPLICANT</u></b>	<b><u>SMRSA</u></b>
	<b>ORIGINAL</b>	<b>COPY</b>
<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)