

# READINGTON TOWNSHIP APPLICATION FOR RESERVATION / ALLOCATION OF SEWER CAPACITY

PLEASE TYPE OR PRINT:

Name of Applicant / Owner:		Telephone # (     )	
Permanent Legal Address:			
City or Town:	State:	Zip Code:	
Email Address for Applicant:			
Location of Proposed Project to be serviced with the sewer allocation within Readington Twp:			
Street Address:			
Zone Designation:		Acreage:	
Block:		Lot:	
Indicate # of Gallons Per Day (GPD) needed per NJDEP and Zoning Ordinance Requirements:			
(a) Indicate if there is any other sewer gallonage currently allocated to the property:			
(b) If so, indicate the number of gallons presently allocated to the property:			
(c) Attach a copy of the approving document issued by the Township for the gallonage presently allocated to the property			
Name of Engineer:			
<p style="margin-left: 40px;">Engineer's Signature and Verification as to GPD being requested:</p> <p style="margin-left: 40px;">_____</p>			
Name of Engineering Firm, if any:			
Mailing Address:			
Email Address:			

Describe the proposed use for which the gallonage will be used and attach copies of a proposed engineering drawing or site plan (include proposed location of lateral and point of connection):

(a) Does the use for which the sewer allocation is being requested require a development or other application to the Readington Township Planning Board or Board of Adjustment?

(b) If the answer is "Yes" indicate whether an application has been made, or, how soon application will be made if the sewer allocation request is approved:

(a) Has the Applicant made a request for sewer capacity concerning this property previously that was not approved?

(b) If the answer is "Yes", indicate the dates requested and rejected, the # of gallons requested and the use for which the request was made:

If the application for sewer allocation is granted, indicate how soon thereafter the applicant intends to begin construction of the development that will be served by the allocation:

**PLEASE NOTE THAT OTHER PERMITS AND/OR APPROVAL MAY BE REQUIRED.**

**CONTACT READINGTON TOWNSHIP FOR FURTHER INFORMATION**

Application Fee of \$100.00 attached

Engineering Escrow of \$1,000.00 attached

*The undersigned certifies that all information contained in the within application is true, to the best of his or her knowledge and belief.*

Applicant Signature / Print Name Below:

\_\_\_\_\_

\_\_\_\_\_

Date

If Applicant is other than the Owner, Owner must sign below:

\_\_\_\_\_

I consent to the above application being made by applicant: Owner (Signature / Print Name Below)

\_\_\_\_\_

Owner Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner Email Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**~ FOR TOWNSHIP USE ONLY ~**

Date Received:	
Application Signed: Yes / No	Application Complete: Yes / No
Date Reviewed by Sewer Advisory Committee:	
Date Approved by Sewer Advisory Committee for Recommendation:	
Date Approved by Township Committee:	