

ATLANTIC HIGHLANDS/HIGHLANDS REGIONAL SEWERAGE AUTHORITY

APPLICATION FOR APPROVAL OF SEWAGE FACILITIES CONNECTING TO OR USING THE AUTHORITY'S SYSTEM

This application must be submitted by the Property Owner to the Authority Administrator, PO Box 72, Atlantic Highlands, NJ 07716. Consult the Rules and Regulations of the Authority before proceeding - this application, the sewer connection and its future use are governed by those Rules. No application fee is required for changes that are not expected to effect sewage load, other applications must include a review fee of \$200 per Sewage Unit, as defined by Authority Rules, made payable to the Atlantic Highlands/Highlands Regional Sewerage Authority (AH/HRSA). Additional review fees and connection fees may be required.

1. Location of proposed construction: (Tax map block and lot numbers) _____

(Street address) _____

2. Name of Property Owner: _____

Mailing Address: _____

Phone: _____ FAX: _____ Email: _____

3. Name of contractor or person designing plans: _____

Profession: _____ License #: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

4. This application is for (circle all applicable categories):

a) sub-division; b) building or development; c) change in number of Units; d) other

Summary of project: _____

For Single family homes: Number of bedrooms-before construction _____, and after _____.

For non-residential applicants only: complete the next lines and supply supporting documentation.

Number of lots and population to be sewered: _____

Projected: maximum daily flow: _____; average daily flow: _____.

5. List plans and other material accompanying application:

6. Does the town currently (or within the past 10 years) bill for sewer service to this property?

(Y/N) _____ (Number of billing units) _____ Note: Attach sewer and water billing details.

7. List any factors that may impact upon the number of new units subject to a connection fee, such as current or prior sewer service to this property, use as affordable or public housing (40:14A-8.3) or other factor. Requests for credit for current or prior sewer connection must include a letter from the municipal sewer utility confirming connection and payment for any service over the past ten years.

I certify that this application and all attachments are true and accurate and that this project meets all of the requirements of the Authority's Rules and Regulations for Approval and Operation of Sewerage Facilities.

Date: _____ Signature of Property Owner: _____

Printed Name & Best way to contact: _____

FOR ATLANTIC HIGHLANDS/HIGHLANDS REGIONAL SEWERAGE AUTHORITY USE

Revisions requested by: _____ Date: _____

Approved by: _____ Date: _____ Fees: _____

Disapproved by: _____ Date: _____