## THE MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY 1 Park Drive, P.O. Box 486 Mount Holly, New Jersey 08060-0486 Phone (609) 267-0015 Fax (609) 267-5420

## APPLICATION FOR SEWERAGE SERVICE

Type of Pe Garbage D	rmit (check one) isposal	New ( Yes	Connection	Lateral Replacement No
	Water Meter Si	ze	(Dia	ameter In Inches)
	<b>NOTE:</b> The water meter size this acc			
FOR MH	IMUA USE ONLY:			
Account	t No	D	ate Water Met	er Size Verified:
Comple	ted by:	Si	ignature:	
1. Name of Address				
				E-mail:
	f Owner:			
Phone N	No.:,	Fax:	, E-	mail:
4. Applicar Address		r:		
				E-mail:
5 A. Plumbe	er's Trade Name:			
Addr	'ess:			
Plum	nber's Name:			
Licer	nse Number:		Telephone:	
6. Location	of Project Municipality:		, Block: _	, Lot(s):
7. Project U	Jse: ☐ Residential, S	Single Family		
	☐ Residential, M	lulti-Family, Nu	umber of Units_	, # of Bedrooms in
			- , ,	BR, (3) – 1 BR, (2) – 2 BR,
	_			
		•		y:
	·			ts:

		☐ Mixed Use or Other			
8.	Status of Land Use Board Application:				
9.	EQUIVALENT DWELLING UNIT (EDU) CALCULATIONS:				
	A. Si	ngle family dwelling, townhouses, condominiums, apartments, multifamily, duplex, age –			
	re	stricted, trailers or mobile homes (per unit) = 1 EDU			
	B. No	n-Residential Uses - # of EDU's = gallons/day as per N.J.A.C. 7:14A-23.3 multiplied by the			
	pe	er gallon/day rate as indicated in the prevailing Schedule of Rates of the MHMUA.			
	1.	Factories/Warehouses/Flex Space (does not include process wastewater) = 0.035			
		gallons per day/square foot			
	2.	Churches (worship area only, based on maximum capacity; other uses to be calculated			
		separately) = 1 EDU/500 seats or part thereof			
	3.	Convenience stores or convenience store/filling station = 0.3 gallons per day/sq. foot			
	4.	Day care centers = 0.25 gallons per day/square foot			
	5.	Fitness Centers = 0.10 gallons per day/square foot			
10.	List <sup>-</sup>	Titles of Plans accompanying this Application:			
11	Annli	cation Fee - Attached to this Application is a separate check made payable to The Mount Holly			
		cipal Utilities Authority for the non-refundable Application fee in the amount of \$60.00.			
12.	<ol> <li>Conceptual Engineering Plan Review Fee: Conceptual Plan Review Fee = \$30.00 for each equivalent dwelling unit (EDU) receiving sewer service as indicated in the S-1 Application, minimum of \$1000.00 or as otherwise directed.</li> </ol>				
	Utilitie	ned to this Application is a separate check made payable to The Mount Holly Municipal es Authority to be deposited into an Escrow Account in the amount of \$,  D#:			
13.	3. APPLICATION FOR SEWER SERVICE CHECKLIST:				
		Submit APPLICATION FOR SEWER SERVICE form in triplicate.			
		Submit six (6) copies of all conceptual engineering plans and reports to this application. Conceptual engineering plans must be signed by a professional engineer licensed by the State of New Jersey. The conceptual engineering plans must show: sewer mains, water mains, storm sewers, electric, telephone, other utilities, lot lines, easements, rights-of-way (public/dedicated or private/non-dedicated), roadways and structures.			
		Submit one (1) electronic copy of all conceptual engineering plans (.TIF).			
		Submit copy of Preliminary Land Use Board Approval.			
		Submit, if any, draft sanitary sewer easements.			
		Submit a separate check for the Application of Sewer Service application fee in the amount of \$60.00.			
		Submit a separate check for the conceptual engineering plan review fee in the amount of \$30.00 per equivalent dwelling unit receiving sewer service as indicated in this Application for Sewer Service.			
cor and ten	nceptua d will no tative a	d the foregoing instructions and understand them. The checks for the application fee and the all engineering plan review fees are attached. I understand that this application is not complete by the considered by the MHMUA without the payment of these fees. I also understand that approval from the MHMUA does not constitute a reservation of capacity or service from the I certify that the statements made by me in this application are true.			
ΑP	PLICAI	NT:			
		Date:			
(Si	gnature				
<del>/-</del> -	nc == F	Drint Name and Title)			
ιу	he or F	Print Name and Title)			

FOR MHMUA USE ONLY:					
Number of Equivalent Dwelling Unit's (EDU) for project:, Initials:					
Estimated project sewer connection fee utilizing co of S-1 Application: \$	nnection fee rate in effect at the time of submission				
APPROVAL OF S-1 APPLICATION BY MHMUA C	ONSULTING ENGINEER:				
Signature: Date:					
ACTION BY MHMUA:					
Board Meeting Date:					
Approved Disapproved	d				
Reasons for Disapproval:	_				
Signature: Robert G. Maybury, Executive Director	Date:				

Revised 10.05.2017