

**GALLOWAY TOWNSHIP MUNICIPAL UTILITY DIVISION**

**APPLICATION FOR REVIEW**

**SANITARY SEWERAGE FACILITIES/ROAD IMPROVEMENTS**

This application must be filed in triplicate with the Galloway Township M.U.D. and shall be accompanied by an application fee of \$150, five (5) sets of plans, engineers report, specifications, Planning/Zoning Board approval and \$1,500 review fee (must be separate checks). The applicant shall be responsible for all other fees associated with this application. Guidelines are available upon request.

Make all checks payable to: **GALLOWAY TOWNSHIP UTILITY DIVISION**

1. Name of Development: \_\_\_\_\_

2. Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Email address to send review letters: \_\_\_\_\_

3. Name and Address of owner if other than above: \_\_\_\_\_

\_\_\_\_\_

4. Name and Professional License Number of person designing plans:

Name: \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Location of Proposed Construction:

Street: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

6. Type of Development:

( ) Residential

( ) Commercial

( ) Industrial

7. Number of proposed connections to be served: \_\_\_\_\_

Estimated daily usage or flow per connection (in gallons per minute or per day):

\_\_\_\_\_

Strength/Content of discharge (name all chemicals and industrial wastes if other than domestic) \_\_\_\_\_

\_\_\_\_\_

8. Describe your proposal for sewerage disposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does applicant have title in order to convey by fee to the Utility Division easements to all areas showing sewerage facilities and all rights to the sewerage facilities? \_\_\_\_\_

\_\_\_\_\_

10. Does applicant have financial capacity to post Performance Bond? \_\_\_\_\_

11. Applicant Engineer's estimate of entire construction cost, including asbuilt plans:

\_\_\_\_\_

12. Calendar days required to complete the entire project after approval is granted:

\_\_\_\_\_

13. List plans and other supporting data accompanying this application:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

14. Do you have Planning or Zoning Board Approval? \_\_\_\_\_

Preliminary \_\_\_\_\_ Final \_\_\_\_\_ (submit proof)

15. Are you required to have Planning or Zoning Board approval? YES \_\_\_\_\_ NO \_\_\_\_\_

16. Are you required to have public water? YES \_\_\_\_\_ NO \_\_\_\_\_

17. Are you covered by the grandfather clause? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is YES, please submit the required proof.

18. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY – DO NOT COMPLETE**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee:
Paid by: ( ) Cash ( ) Check # _____
Amount Paid: _____

Engineer Review Fee:
Paid by: ( ) Cash ( ) Check # _____
Amount Paid: _____

Comments: \_\_\_\_\_

\_\_\_\_\_