



LOGAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
“National Winner” of USEPA Clean Water Act Recognition Award
Recipient of the 2003 EPA Regional Operation and Maintenance Excellence Award

◆ 69 JEFFERSON LANE, LOGAN TOWNSHIP, NEW JERSEY 08085

◆ (856) 467-1650 ◆ FAX: (856) 467-8551

◆ Business Hours: 7:00 AM – 3:30 PM Monday - Friday

“Working for a Cleaner Environment”

FORM A: APPLICATION FOR REPORT ON FEASIBILITY OF PUBLIC SEWER

PURPOSE: To determine the economic and technical feasibility of extending public sewer to the municipal system.

APPLICATION FEES: See Schedule 6 of the rate Schedule, available from the Authority

PROFESSIONAL FEES: See Schedule 6 of the rate Schedule, available from the Authority

1. APPLICANT

Name: _____

Address: _____

Phone: _____

2. PROJECT TO BE SERVICED

Name: _____

Location: _____

Area of Entire Tract: _____

Portion to be Serviced: _____

Number of Lots: _____

Tax Map – Plate: _____ Block: _____

Type: (Check One)

Single Family: _____ Townhouse: _____ Apartments: _____

Industrial: _____ Commercial: _____ Other: _____

3. ACTION INITIATED WITH PLANNING BOARD

Type of Request: (Check One) -

Subdivision Classification _____

Zoning Change _____ From: _____ To: _____

4. DEVELOPMENT PLANS

Construction Start Date: _____

Duration of Project: _____

Applicant intends to –

Sell unimproved lots: _____

Sell improved lots: _____

Sell completed units: _____

5. PROFESSIONAL ENGINEER DESIGNING WATER / SEWER SYSTEM

Name: _____

Address: _____

Telephone: _____

6. DISCRIPTION OF PROPOSED SYSTEM

Sewer: _____

Water: _____

7. SUPPORTING DATA REQUIRED

(See section 4.3 of “Rules & Regulations”)

A. General location plans showing streams, streets, blocks, lots, and tax map numbers.

B. Proposed system outlines and route of construction: _____

C. Estimated volumes of flow: _____

Signature of Applicant: _____ Date: _____

FORM A MAY BE WAIVED AS DETERMINED BY THE AUTHORITY

DO NOT WRITE BELOW THIS LINE: AUTHORITY USE ONLY

Date Application Received: _____ Amount: _____

Logan Township MUA Employee Signature: _____

Date: _____

ACTION BY AUTHORITY

Feasibility: Feasible _____ Not Feasible _____ Date: _____