



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 Clean

LTMUA: FORM B
(NOT WITHIN THE PUD)
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DEVELOPMENT NOT WITHIN THE PUD

FORM B: APPLICATION FOR REVIEW OF PLANS FOR PUBLIC SEWER

PURPOSE: This application and supporting data specify the engineering details of the proposed project, which will be analyzed for compliance with Authority engineering standards including provisions for orderly growth. The final condition of approval, if required, will be a mutual agreement between the applicant and the Authority regarding the terms and conditions for providing sewer.

APPLICATION FEES: See Schedule 8 of the Rate Schedule, available on the Authority website.

PROFESSIONAL FEES: See Schedule 8 of the Rate Schedule, available on the Authority website.

1. APPLICANT

Name: _____

Address: _____

Telephone: _____

2. PROJECT

Name: _____

Location: _____

Planning Board
Classification Issued on: _____

(Please attach copy)
Proposed No. of Lots: _____

3. SUPPORTING DATA REQUIRED

See Section 4.4.2 of the “Sewer Rules and Regulations”
Plans and specifications encompassing the data required by the Engineer’s Report (as detailed by N.J.D.E.P.) Three (3) sets of plans. Upon approval by the Authority Engineer, the data necessary for State Submittals should be prepared as follows:

Three (3) copies of CP-1 Form including return receipts to appropriate agencies.

Three (3) copies of site plan

Three (3) copies of Engineers Report on Sanitary Sewer System

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Three (3) copies of plans and profiles, including all interior and exterior plumbing.
(Submitted at FORM F for special building)

Three (3) copies of construction specifications

4. ESTIMATED TOTAL ITEMIZED CONSTRUCTION COSTS OF FACILITIES OF PROJECT

Sewer: _____

5. ESTIMATED CONSTRUCTION TIME REQUIRED TO FINISH PROJECT ONCE

AUTHORIZATION TO CONSTRUCT (CONSIDER STATE PERMIT ALSO) IS GIVEN:

Duration of Project: _____

Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE: AUTHORITY USE ONLY

DATE APPLICATION RECEIVED: _____

AMOUNT OF CHECK: _____

SIGNATURE OF AUTHORITY: _____

DATE: _____

ACTION BY AUTHORITY -

CONTRACT, IF REQUIRED, NEGOTIATED AND SENT TO

APPLICANT: _____

DATE: _____

SIGNED CONTRACT, IF REQUIRED, RECEIVED BY LOGAN TOWNSHIP

AUTHORITY: _____

DATE: _____