

MANTUA TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

397 Main Street
Mantua, New Jersey 08051
Phone: (856) 468-1111 Fax: (856) 464-0034

**APPLICATION FOR REVIEW OF PLANS FOR INSTALLATION
OF COMMUNICATIONS ANTENNA ON MTMUA FACILITIES**

This application and supporting data specifying the engineering details of the proposed project will be analyzed for compliance with Authority engineering standards. The final condition of approval will be a mutual agreement between the Applicant and the Authority regarding the terms and conditions for installation of communication antenna arrays on MUA facilities

FILING FEE: \$100.00

REVIEW FEE: A review fee of \$2,500.00 shall be deposited in Escrow for review costs.

In the event that the costs of review are more than deposited, the applicant shall pay the additional cost prior to final approval by the Authority. Checks shall be payable to the Associated Escrow Account with MTMUA.

APPLICANT: Name: _____
Address: _____
Telephone: _____
Email address: _____

PROJECT: Location: _____
Tax Map: Plate: _____ Block: _____ Lot: _____

PROFESSIONAL ENGINEER DESIGNING COMMUNICATIONS ANTENNA

Name: _____
Address: _____
Telephone: _____
Email address: _____

REQUIRED SUPPORTING DATA:

Two (2) sets of drawings, reports and other pertinent data describing details; Structural Support calculations must also be submitted with the plans and specifications. If additional data is required after the initial review, the applicant will be contacted to submit same.

MTMUA Approval by resolution must be obtained prior to submittal to the Mantua Township Zoning Board.

DEVELOPMENT PLANS:

Construction Date: _____ Duration of Project: _____

In consideration of reviewing this application, the undersigned agrees:

- (a) To furnish any additional information relating to the installation requested by the Superintendent or Authority Engineer.
- (b) To accept and abide by all provisions of the Ordinances of the Township of Mantua and of all other pertinent ordinances or regulations that may be adopted in the future.
- (c) To cooperate at all times with the Superintendent , Authority Engineer and their representatives.
- (e) To notify the Superintendent immediately in the event of any accident, negligence, or other occurrence not covered by this application.

Signature of Applicant (Date)

(Address of Applicant)

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FOR OFFICE USE ONLY:

Date Application Received: _____

Amount of Check: Application Fee: _____ Check #: _____

Review Fee: _____ Check #: _____

Signature of MTMUA