

MANTUA TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

FORM A: **APPLICATION FOR REPORT ON FEASIBILITY OF PUBLIC SEWER
AND/OR WATER, RECOMMENDATIONS AND CONDITIONS**

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

FILING FEE: \$50.00 Sewer \$50.00 Water
(Check should be made payable to Mantua Twp. M.U.A.)

REVIEW FEE: \$500.00 minimum fee for water and \$500.00 minimum fee for Sewer to be
deposited into Escrow funds for professional review. 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.

1. APPLICANT:

Name: _____

Address: _____

Telephone: _____

2. PROJECT TO BE SERVICED:

Name: _____

Location: _____

Area of Entire Tract: _____

Portion to be Serviced: _____

No. of Lots: _____ Tax Map: _____ Plate: _____

Block: _____

Type: (Check) Single Family: _____ Townhouses: _____

Industrial: _____ Commercial: _____

Apartments: _____ Other: _____

3. ACTION INITIATED WITH PLANNING BOARD:

Type of Request: (Check)

Subdivision Classification: _____

Zoning Change: _____ From Zone To: _____

4. DEVELOPMENT PLANS:

Construction Start Date: _____

Applicant Intends to: Sell unimproved lots: _____

 Sell improved lots: _____

 Sell completed units: _____

5. PROFESSIONAL ENGINEER DESIGNING WATER/SEWER SYSTEM:

Name: _____

Company: _____

Address: _____

Telephone: _____

6. DESCRIPTION OF PROPOSED SYSTEMS:

Water: _____

Sewer: _____

7. SUPPORTING DATA REQUIRED:

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

Three copies: _____

B. Proposed system outlines & route of construction: _____

C. Estimated volumes of flow: _____

Signature of Applicant

Date

ACTION: A letter will be issued by the Mantua Township Municipal Utilities Authority to applicant and Planning Board within 45 days after this application has been received.

FOR OFFICE USE ONLY:

Date Application Received: _____

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

Review Fee: _____ Check #: _____

Signature of MTMUA

ACTION BY THE AUTHORITY:

1. Subdivision Classification: Letter Issued: Date: _____

Feasibility: _____

Feasible: _____

Not Feasible Letter Issued: Date: _____

2. Zoning Change: Letter Issued (Date): _____