

MANTUA TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

FORM E: **APPLICATION FOR CONSTRUCTION OF PUBLIC SEWER AND/OR WATER SYSTEM FOR A INDIVIDUAL DWELLING UNIT INTO AN EXISTING MTMUA SYSTEM.**

PURPOSE: To determine the technical and economic feasibility of extending sewer and/or water to the Authority system and to verify the that the system will be constructed in compliance with the MTMUA Rates, Rules & Regulations.

FILING FEE: Application: \$ 5.00 Sewer \$ 5.00 Water
Inspection Fee: \$15.00 Sewer \$15.00 Water
(Inspection fee will be returned if connection into MUA system is not feasible.)

Note: For Water/Sewer Connections - Street Opening Permit must be obtained from applicable agency (Mantua Township, Gloucester County or State of New Jersey) Copy must be given to MTMUA Office.

APPLICANT: Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

SERVICE LOCATION: Tax Map: Block: _____ Lot: _____

(Required only if Connecting to Public Water)
REGISTERED PLUMBER: Name: _____ Phone: _____

SUPPORTING DATA REQUIRED:
Two (2) sets of plans of registered plumber showing the proposed line from the dwelling to the MTMUA main. The plans must included elevations.

Signature of Applicant

Date

ACTION BY THE AUTHORITY:

The application and supporting data will be reviewed by the Authority. If it is determined that it is feasible to extend service the applicant will be notified of the Authority's approval and the connection fee, meter service charges and/or other charges as per the Rates, Rules and Regulations of the Mantua Township M.U.A. If it is NOT, feasible to extend service, a letter of APPROVAL TO INSTALL ONSITE SANITARY SEWER AND/OR POTABLE WATER SYSTEM AS APPROVED BY THE BOARD OF HEALTH will be issued to the applicant, the Gloucester County Board of Health, and the Building Inspector.

GENERAL REQUIREMENTS:

Application and materials must be approved by the Authority before any construction can be started. All connections and taps to any water and/or sewer main must be done in the presence of a representative of the Authority. Inspections by a representative of the Authority shall only be done during the regular business hours of the Authority. All requests for inspections must be made at least two (2) working days in advance. The Authority reserves the right to reschedule any inspection in the event that an inspector will not be available. All connections and taps must be done by a registered plumber as approved by the Authority.

The applicant is responsible for any person, persons, firm or firms, partnership or partnerships, corporation or corporations, or any combination thereof that causes or has caused any damage to the water and/or sewer system or facilities of the Authority. The Authority shall have the right to repair such damage or have such damage repaired, and shall have the further right to recover the full cost and expenses of such repairs, including, but not limited to, the standard charges for work performed by Authority employees, for materials, supplies and equipment used for such repairs. The service shall not begin or be restored until the Authority receives payment in full for the total cost of the repairs.

The accepted application shall constitute a contract between the Authority and the applicant, obliging the applicant to pay the Authority its rates as established from time to time, and to comply with its Rates, Rules and Regulations.

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FOR OFFICE USE ONLY:

Application Received: _____ Check #: _____ Amount: \$ _____

Application Type: Water _____ Sewer _____ Water & Sewer _____

Action: Feasible _____ Not Feasible _____ Reviewed by: _____

Approved by: _____ Date: _____

Letter of Approval for Onsite Water and/or Sewer Issued: YES NO (Circle One)

Sewer Connection Fee: _____ Ck #: _____ Date: _____

Water Connection Fee: _____ Ck. #: _____ Date: _____

Meter Service Charge: _____ Ck. #: _____ Date: _____

Meter # _____ Received by Customer on: (Date) _____

Inspected by: _____ Date: _____

Street Opening Permit: _____

Date Received: _____