

**MANTUA TOWNSHIP**  
**MUNICIPAL UTILITIES AUTHORITY**

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

**APPLICATION FOR CONSTRUCTION OF IRRIGATION SPRINKLING SYSTEM**

**APPLICANT:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SERVICE LOCATION:** Tax Map: \_\_\_\_\_ Plate: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**GENERAL REQUIREMENTS:**

Application and materials must be approved by the Authority before any construction can be started. All connections and taps to any water 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: \_\_\_\_\_

Water Connection Fee: \_\_\_\_\_

Ck.#: \_\_\_\_\_

Date: \_\_\_\_\_

Meter Service Charge: \_\_\_\_\_

Ck.#: \_\_\_\_\_

Date: \_\_\_\_\_

Meter # \_\_\_\_\_ Received on: (Date) \_\_\_\_\_