MANTUA TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
401 Main Street
Mantua, New Jersey 08051
Phone: (856) 468-1111 Fax: (856) 464-0034

APPLICATION FOR CONSTRUCTION OF FIRE 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:_____ Check #:_____ Amount: $_____

Inspected by: _____ Date: _____

Inspection Check: _____ Date Received: _____

Fire Service Fee: $ 3,211.00_____ Ck.#:_____ Date:_____

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

Meter #_____ Received on: (Date)_____

No meter required if a Closed System