XI. FORM

PUBLIC FACILITY/PUBLIC HEALTH APPLICATION

REQ	<u>UIREMENTS</u> :
A.	Application to be filed in duplicate.
B.	The review fee is waived.
C.	Application must be submitted at least 15 calendar days prior to the next regularly scheduled meeting of the Authority.
D.	If an approval is granted to this application, the list of conditions will be reported. Said list of conditions must be satisfied in order to achieve a final approval.
APP	<u>LICANT</u> :
A.	Name:
B.	Address:
C.	Telephone #:Email:
D.	Affiliation with Project:
DES	CRIPTION OF PROJECT:

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EN	IGINEER DESIGNING PROJECT	
A.	Name of Firm:	
B.	Contact:	
C.	Address:	
D.	Telephone #:Email:	
	OJECT:	
A.	Name:	
B.	Blk(s)Lot(s)	
C.	Tax Map Sheet(s)	
D.	Street Address:	
E.	Total Acreage:	
F.	Buildable Acreage:	
	D. OF UNITS TO BE SERVICED OR SQUARE FOOTAGE OF BUIL OPOSED:	DING
TO	OTAL ESTIMATE OF CAPACITY REQUIRED:	
En	rovide calculations to support estimate based on the Manual of Wastews gineering and Pumping of Wastewater written by Metcalf & Eddy, Inc. DEP regulations)	

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8.	LIST	OF ALL OTHER APPROVALS		DATE APPROVED
	A.			
	B.			
	C.			
	D.			
	E.			
	F.			
	G.			
9.	DES	IGN CHARACTERISTICS:		
	A.	Can connection occur to an adequate existing facility		YN
	B.	Where will project connect		
	C.	Are on-site sewer improvements necessary		YN
	D.	Will the on-site improvements be gravity or force main/pump station or both	G	_FB
	E.	Are off-site sewer improvements necessary		YN
	F.	Will the off-site improvements be gravity or force main/pump station or both	G	_FB

OTF		
	IER CONSIDERATIONS:	
A.	Will applicant dedicate to	
	the LSA all off-site	
	improvements	YN
B.	Will applicant provide all	
	necessary easements and	
	right of ways to the LSA	Y N
C.	Will applicant post performance	
	and maintenance bonds	Y N
	Γ PLANS AND OTHER MATERIAL ACCO	
В.		

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DATE RECEIVED		
FEE COLLECTED		
ACTION BY LSA: Date	e: Approved	Disapproved
COMMENTS:		