

S-1 Application

Willingboro Municipal Utilities Authority

433 John F. Kennedy Way
Willingboro, NJ 080046-2119
(609) 877-2900

**Application for Conceptual Approval of Sanitary Sewer
And Appurtenances**

TO: The Willingboro Municipal Utilities Authority
Application is hereby made for conceptual approval of the Preliminary Plan of Sanitary
Sewer and Appurtenances.

DATE APPLICATION RECEIVED _____

1. Name of Applicant/Developer _____

2. Address

No.	Street	City	State	Zip
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3. Name of Owner _____

4. Address

No.	Street	City	State
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Zip

5. Name of Development _____

6. Location of Development _____

7. Tax Map Black No. _____ Lot Nos. _____

8. Applicants Consulting Engineer: _____

9. Profession and License Number:

10. Escrow Review Fees are based on the following calculations:

	<u>Major Subdivisions</u>			
	<u>Number of Lots</u>	<u>Multiply</u>	<u>Amount per Lot</u>	<u>Amount Due</u>
Residential Connections				
Single Family		X	\$100.00/Lot	
Condominiums		X	\$100.00/Lot	
Townhouses		X	\$100.00/Lot	
Apartments		X	\$200.00/Lot	
Commercial Connections				
Box Stores		X	\$2,000.00/Lot	
Strip Stores		X	\$2,000.00/Lot	
Food Services		X	\$2,000.00/Lot	
Offices		X	\$2,000.00/Lot	
Industrial Connections				
Warehousing		X	\$2,000.00/Lot	
Manufacturing		X	\$2,000.00/Lot	
		<u>SITE PLANS</u>		
	<u>Square Foot of Building Area</u>	<u>Multiply</u>	<u>Amount Per Square Feet of Building Area</u>	<u>Amount Due</u>
Residential Connections		X	\$100.00/1,500 SF	
Commercial Connections				
Box Stores		X	\$100.00/2,000 SF	
Strip Stores		X	\$100.00/2,000 SF	
Food Service		X	\$100.00/350 SF of Non-Kitchen Area	
Offices		X	\$100.00/2,000 SF	
Industrial Connections		X	\$100.00/2,000 SF	
Other		X	\$100.00/2,000 SF	

			TOTAL AMOUNT DUE	
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THIS SECTION IS TO BE LEFT BLANK BY APPLICANT:

Application Fee Paid \$ _____ Escrow Review Fees Paid \$ _____

Date Application Certified as Complete _____ Initials _____

ACTION BY WMUA CONSULTING ENGINEER:

Approved _____ Approved as Noted _____ Disapproved _____

Reason for Disapproval _____

Date _____ Signature _____

Consulting Engineer Representative

ACTION BY WMUA:

Approved _____ Approved as Noted _____ Disapproved _____

Reasons _____ for _____ Disapproval _____

Date _____ Signature _____

Executive Director

S-3 Application

Willingboro Municipal Utilities Authority
433 John F. Kennedy Way
Willingboro, NJ 08046-2119
(609) 877-2900

Application for Final Approval of Sewer Construction Plans

To: The Willingboro Municipal Utilities Authority

Application is hereby made for final approval of sewer construction plans.

DATE APPLICATION RECEIVED _____

1. Name of Applicant/Developer _____

2. Address _____
No. Street City State Zip

3. Name of Owner _____

4. Address _____
No. Street City State Zip

5. Name of Development _____

6. Location of Development _____

7. Tax Map Black No. _____ **Lot Nos.** _____

8. Section Number _____ **Number of Proposed Lots to be Serviced** _____

9. Date of Preliminary Planning Board Approval: _____

10. Schedule of Development (List Chronologically)

Estimated Connection Date	Section Number	Number of Units	Type of Units

11. Consulting Engineer: _____

12. Profession and License Number: _____

13. Address: _____

14. Describe Proposed Sewer System and Appurtenances:

DESCRIPTION	ESTIMATED COST
A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
D. _____	\$ _____
E. _____	\$ _____
F. _____	\$ _____

15. List of Plans and Other Materials Accompanying Application:

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16. List other State or Local permits received for this project that may impact the sanitary sewer system.

PERMIT	DATE OF APPROVAL
A. _____	_____
B. _____	_____
C. _____	_____

THIS SECTION IS TO BE LEFT BLANK BY APPLICANT/DEVELOPER:

Application Fee Paid \$ _____

Date Application Certified as Complete _____ Initials

ACTION BY WMUA CONSULTING ENGINEER:

Approved _____ Approved as Noted _____ Disapproved

Reason for Disapproval

Date _____ Signature

Consulting Engineer Representative

ACTION BY WMUA:

Approved _____ Approved as Noted _____ Disapproved

Reasons for Disapproval

Date _____ Signature

Executive Director

ESCROW INSPECTION AMOUNT: \$ _____