



TOWN OF CLINTON

INCORPORATED APRIL 5, 1865

43 Leigh St., P.O. Box 5194

Clinton, N.J. 08809-5194

(908) 735-8616 FAX (908) 735-8082

APPLICATION FOR ALLOCATION OF PUBLIC SEWER

The completed original Application for Allocation of Public Sewer form should be submitted to:

Town Of Clinton
43 Leigh Street
PO Box 5194
Clinton, NJ 08809
Attn: Richard Phelan, Administrator

via e-mail to Richard Phelan, Administrator
at rphelan@clintonnj.gov

OR

1 APPLICANT

Name: _____ Phone: _____

E-Mail Address _____ Cell Phone _____

Address _____

1A OWNER

Name: _____ Phone: _____

E-Mail Address _____ Cell Phone _____

Address _____

Site Emergency Contact Person and Phone Number _____

1B DEVELOPER/CONTRACTOR

Name: _____ Phone: _____

E-Mail Address _____ Cell Phone _____

Address _____

Site Superintendent Name and Phone Number _____

2 EXISTING/PROPOSED USAGE AND PROJECT TO BE SERVICED

Name of Site _____

Location _____

Portion to be serviced _____

of Lots _____ Block(s) _____ Lot(s) _____

Total number of **existing** sewer units for Block(s) and Lot(s) Single Family _____ Townhouses _____

Apartments _____ Commercial _____ Professional _____ Restaurant _____

Existing Building Square Footage _____ Total Existing Restaurant Seating _____

Number of **existing** full time employees _____ Number of **existing** part time employees _____

Number of total **proposed** full time employees _____ Number of total **proposed** part time employees: _____

Existing # of total club / studio members _____ **Proposed** # of total club / studio members _____

Total **existing** sewer laterals by diameter and pipe material that service the Block(s) and Lot(s)

2A Size and number of **existing** water meters Single Family _____ Townhouses _____

Apartments _____ Commercial _____ Building Square Footage _____

Type of Use _____ Other _____

Size and number of **existing** water services

Size and number of **proposed** water meters

Apartments _____ Commercial _____ Building Square Footage _____

Type of Use _____ Other _____
Size and number of existing water meters _____ Single Family _____ Townhouses _____

2B DEMOLITION

Are any structures being demolished as part of the project _____ Yes _____ No

If yes has a demolition permit been completed _____ Yes _____ No

2C

Are there any existing utility easements within the block and lot _____ Yes _____ No

If yes please attach a copy of each

**3 PROFESSIONAL ENGINEER DESIGNING SEWER SYSTEM
(IF APPLICABLE)**

Name: _____ Phone: _____

E-Mail Address _____ Cell Phone _____

Address _____

4 DESCRIPTION OF PROPOSED SYSTEMS

Water

Sewer

5 SUPPORTING DATA REQUIRED

A Water estimated volumes of flow based on N.J.A.C. 7:10-12.6 Average Daily Flow Demand

B Linear Feet of Water Main

C Sewer estimated volumes based on N.J.A.C. 7:14A- 23.3 Projected Flow Criteria calculation

D Linear Feet of Sewer Main

CERTIFICATION FOR ALLOCATION OF PUBLIC SEWER - APPLICANT

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I certify that I agree to follow the Rules and Regulations as may be promulgated by the Town of Clinton and the Town of Clinton Sewer Department regarding the Construction of Sewer System Facilities.

Signature

Date

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

CERTIFICATION FOR ALLOCATION OF PUBLIC SEWER - OWNER

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership Owner.(If the applicant is a corporation this must be signed by an authorized corporate officer. I certify that I agree to follow the Rules and Regulations as may be promulgated by the Town of Clinton and the Town of Clinton Sewer Department regarding the Construction of Sewer System Facilities.

Signature

Date

(If the applicant is a partnership, this must be signed by a general partner.)

DO NOT WRITE BELOW THIS LINE: INTERNAL USE ONLY

Application Received		Authorized Signature	
Permit Approved & Issued		Authorized Signature	

*For electronic signatures, please type your name under "Signature" above and select the check box below to acknowledge the following:

I, _____ for this Application, warrant the truthfulness of the information provided in this application.

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Acceptance Checkbox - ____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to any requirements associated with this Application.