

SEWER CONNECTION CERTIFICATE APPLICATION

(PLEASE TYPE OR LEGIBLY PRINT THE FOLLOWING INFORMATION)

CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY

1645 Ferry Avenue, Camden, New Jersey 08104
Engineering Department (856) 541-3700 Extension 1283
Fax: (856) 964-1829

Application Date: ____/____/____ Application No.: _____

CCMUA Project Number: _____ - _____

Project Name: _____

Address: _____ Zip _____

Municipality: _____ Block: _____ Lot: _____

Project Description: (As approved by NJDEP Bureau of Construction and Connection Permits, if applicable. If more than one property, list below.)

Type of Facility: _____

Square Footage of Building(s): _____

Please attach Site Plan and Demolition Plan if applicable.

Flow Estimated Daily: _____

If Wetlands, Pinelands, NJDEP Permits or Exclusions or Industrial Pre-Treatment Permits are required, please attach details and applicable requirement. If information not submitted, your application will not be processed.

Estimated Date(s) of Sewer Connection: _____

*(NOTE: User billing charge will automatically commence on or about the above date unless notice to the contrary is received in writing at least ten (10) days prior to this date.)

Applicant's Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby certify that I have reviewed and will comply with the CCMUA Sewer Connection Rules and Regulations.

Applicant's Signature: _____ Date: _____

Print Name _____

-----FOR CCMUA USE ONLY-----

EDUS TO BE CONNECTED: _____ CONNECTION FEE: \$_____.

CONNECTION FEE PAYMENT RECEIVED: _____

CASHIER'S SIGNATURE

DATE PAYMENT RECEIVED: ____/____/____

COMMENTS: _____

ENGINEERING DEPARTMENT REVIEW

PRIOR APPLICATIONS UNDER THIS PROJECT NUMBER: _____

PROJECT STATUS (PRIOR AND PRESENT): _____

DESCRIPTION OF RESOLUTION OF PREVIOUS CONDITIONS: _____

RECOMMENDATIONS: _____

PERCENTAGE OF NJDEP APPROVED PROJECT NOW CONNECTED: _____

DATE CONNECTION CERTIFICATE ISSUED: _____

CERTIFICATE NUMBER(S): _____

CERT. DISTRIBUTION: P/U: _____ MAILED: _____ INI: _____

COMPUTER REVIEWED FOR ACCURACY: _____

APPROVALS:

ENGINEER DATE

ENGINEER SUPERVISOR DATE