

SOMERSET RARITAN VALLEY SEWERAGE AUTHORITY
50 POLHEMUS LANE, BRIDGEWATER, NJ 08807
APPLICATION FOR CERTIFICATE OF PAYMENT OF SEWER CONNECTION FEES

INSTRUCTIONS: Complete all applicable portions of this form. A connection fee will be determined based on this information. Upon payment of the fee, a "CERTIFICATE OF PAYMENT" will be issued. **The "Certificate of Payment" must be presented to the appropriate official in the municipality in which the property is located in order to obtain a sewer connection permit.**

For all establishments other than residential dwellings, a copy of the Planning or Zoning Board approving resolution, a site plan and a floor plan are required. Additional information may be required by the Authority in order to determine the connection fee.

1. PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NO:

2. PROJECT NAME, BLOCK & LOT, NUMBER OF UNITS, OWNER NAME, ENGINEER AND DATE AS APPEARS ON **SRVSA APPROVING RESOLUTIONS WHERE A TWA OR SEWER EXTENSION WAS REQUIRED:**

3. APPLICANT'S NAME, ADDRESS AND TELEPHONE NO:

4. PROPERTY TO BE CONNECTED TO SEWER SYSTEM:

LOCATION:

MUNICIPALITY _____

STREET ADDRESS _____

TAX MAP BLOCK _____ LOT _____

I certify that the information, provided to establish connection fees and to obtain a certificate of payment of said fees, is accurate.

DATE _____ SIGNED _____
(OWNER OR AUTHORIZED AGENT)

FOR USE BY SOMERSET RARITAN VALLEY SEWERAGE AUTHORITY

APPROVAL:

COMMENTS AND EDU CALCULATION:

CONNECTION FEE BASED ON FOREGOING INFORMATION: \$ _____

CERTIFICATE OF PAYMENT NUMBER _____

DATE _____ SIGNED _____

DESCRIPTION: (CHECK OR CIRCLE THE TYPE OF ESTABLISHMENT TO BE CONNECTED, AND INDICATE THE NUMBER OF UNITS, SQ. FEET, EMPLOYEES, ETC).

<u>TYPE OF ESTABLISHMENT</u>	<u>MEASUREMENT</u>	<u>NUMBER OF</u>	<u>UNITS/SQ.FT.</u>
		<u>UNIT</u>	

EMPLOYEES ETC.

RESIDENTIAL DWELLINGS:

Single Family Per Dwelling _____

Hotels and Motels Bedroom _____

Boarding Houses (Maximum Boarder Permitted Capacity) _____

RESTAURANTS:

Full Service Restaurant Seat _____

Bar/Cocktail Lounge Seat _____

Fast Food Restaurant Seat _____

24 Hour Service Restaurant Seat _____

Curb Service/Drive-In Car Space _____

Restaurant

Catering/Banquet Hall Person _____

Schools (Includes Staff):

No Shower or Cafeteria Student _____

With Cafeteria Student _____

With Cafeteria & Shower Student _____

With Cafeteria, Shower & Lab Student _____

Boarding Student _____

Churches (Worship Area Only) Seat _____

Health Care Facilities (Includes Staff):

Hospitals Bed _____

Nursing or Rehabilitation Bed _____

Facilities

Clubs:

Residential Member _____

Non-Residential Member _____

Tennis/Racquetball Per Court _____

TYPE OF ESTABLISHMENT MEASUREMENT NUMBER OF UNIT
UNITS/SQ.FT .
EMPLOYEES, ETC.

Camps:

Campground/Mobile Site _____
Recreational Vehicle/Tent Site _____
Parked Mobile Trailer Site Site _____
Childrens' Residential Camps Bed _____
Day Camps (No Meals) Person _____

Theaters Seat _____

Dinner Theater Seat _____

Automobile Service Stations Filling Position _____
With Service Bays Per Bay _____
With Mini-Market Sq. Ft. _____

Bowling Alleys Alley _____

Laundromats Machine _____

Stores & Shopping Centers Sq. Ft. _____

Office Buildings (Gross Area) Sq. Ft. _____

Factories, Warehouses, Industry Employee _____
(Does Not Include Process
Wastewater)

Factories, Warehouses, Industry Employee _____
With Showers (Does Not Include
Process Wastewater)

OTHER USE (DESCRIBE IN DETAIL)
