



The Township of Lower Municipal Utilities Authority Application for Water Connection

****PROVIDE COPY OF SURVEY WITH APPLICATION**

Application Date: _____

Owner(s)/Applicant(s) Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Mobile Phone: _____

Project Name: _____

Project Location: _____

Account # _____ Block # _____ Lot # _____

Project Type: Commercial Residential

Date of Planning Board Preliminary Review: _____

Name & Address of Applicant's Engineer: _____

IF RESIDENTIAL:

Number of Living Units: _____ Estimated Occupancy per Unit: _____

Estimated Usage: _____ Gallons per Day

Size of Service: _____ Size of Meter: _____

Number of Toilets: _____ Urinals: _____ Sinks: _____ Tubs and/or Showers: _____

IF COMMERCIAL:

Type of Business: _____

Estimated Usage: _____ Gallons per Day

Number of Employees: _____ Hours of Operation: _____

Size of Service: _____ Size of Meter: _____

Number of Toilets: _____ Urinals: _____ Sinks: _____ Tubs and/or Showers: _____

Applicant's Signature(s): _____ Date: _____

_____ Date: _____

LTMUA USE ONLY

LTMUA Verification: _____ Date: _____ Water Service in Place: _____

Additional Connection Costs: Yes No Approximate Cost: \$ _____

Road Restoration Charge: Yes No Road Opening Permit: Yes No

Road Restoration Cost: \$ _____ Size of Road Opening Needed: _____



The Township of Lower Municipal Utilities Authority Water Connection Certification

Owner(s): _____

Property Location: _____

Account #: _____ Block #: _____ Lot #: _____

I/We hereby certify that the above referenced property was connected to the water system of the Township of Lower Municipal Utilities Authority on _____.

Permit Number: _____

Owner(s) Signature: _____ Date: _____

LTMUA USE ONLY

Work order issued for water meter installation: _____

To be billed: _____

Clerk: _____