

ROBBINSVILLE TOWNSHIP
SANITARY SEWER RULES & REGULATIONS

APPENDIX A

MISCELLANEOUS FORMS

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**RESIDENTIAL
APPLICATION FOR SANITARY SEWER SERVICE**

Robbinsville Township

I. PROPERTY TO BE CONNECTED

Tax Block: _____ Tax Lot: _____

Address: _____

Project: _____

Is Entire Property Within Sewer Service Area? Yes No

II. PROPERTY OWNER

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

III. PLUMBER/CONTRACTOR

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

License No.: _____

IV. FACILITY DESCRIPTION

A. Building

Description	Size	
	Present	Future
<input type="checkbox"/> Single-Family Dwelling	No. of Bedrooms: _____	_____
<input type="checkbox"/> Condominium/Townhouse	No. of Bedrooms: _____	_____
<input type="checkbox"/> Multi-Unit Dwelling	No. of Bedrooms: _____	_____
<input type="checkbox"/> Mobile Home	No. of Bedrooms: _____	_____

B. Project

- | | |
|---|--|
| <input type="checkbox"/> Existing Facility | <input type="checkbox"/> Proposed Facility |
| <input type="checkbox"/> Expansion of Existing Facility | <input type="checkbox"/> Change in Use |

V. CONNECTION TYPE

- Connection to Existing Lateral/Inspection Riser
 - Renewal of Service
 - Saddle Connection to Main Sewer Line
 - Road Opening Permit Required
- Permit No.: _____
- Length of Connection: _____ ft.
- Pipe Material: _____

Note: Attach three (3) copies of a plan detailing the proposed connection (materials, location, facility, sewer mains, pipe invert elevations, etc.).

VI. POTABLE WATER SUPPLY

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Private Well | <input type="checkbox"/> Public Water System |
|---------------------------------------|--|

VII. IS PLANNING BOARD AND/OR ZONING BOARD APPROVAL REQUIRED?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (Submit Resolution) | <input type="checkbox"/> No |
|--|-----------------------------|

VIII. ACKNOWLEDGEMENTS BY APPLICANT

The undersigned applicant hereby acknowledges that:

- A. A minimum of forty-eight (48) hours' notice will be given to the Township Engineer prior to commencement of work. All work shall be inspected and approved by an authorized representative of the Township.
- B. Sewer Connection Permits are valid for a period of twenty-four (24) months from the date of issue. Any expansion or changes in the proposed use shall be immediately reported to the Township.
- C. The proposed connection involves the provision of sewerage service to a single building, to be served through an individual lateral. No connection shall be permitted to an existing lateral that serves another building.
- D. The proposed connection will be accomplished solely by gravity flow of wastewater from the building to the sanitary sewer main. No pumps shall be utilized to convey sewage.

Exceptions: _____

- E. The project involves the connection of a single residential unit. (Note: questions regarding flow estimates may be directed to the Township Engineer.)

Exceptions: _____

- F. I have reviewed the Rules and Regulations of the Township and am making this application with the full understanding of, and agree with, all conditions for construction and operation as set forth therein.
- G. A plan showing as-built conditions shall be required.
- H. All information is true and accurate, and reflects all proposed uses at the site.
- I. Applicant's Information (if different than Property Owner)

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

Applicant's Signature: _____ Date: _____

IX. SUBMITTALS

- Two (2) copies of *Residential Application for Sanitary Sewer Service*
- Application Fee (\$50.00)
- Three (3) copies of a plan detailing the proposed connection
- Planning Board and/or Zoning Board Application (where applicable)
- Signed Escrow Agreement (where applicable)

For Use By Township

- Approved Disapproved

Comments and/or Conditions: _____

Application Fee: \$ _____ Inspection Fee: \$ _____ Connection Fee: \$ _____

Township Representative

Signature: _____
 Name: _____
 Title: _____
 Date: _____ Permit No.: _____

**NON-RESIDENTIAL
APPLICATION FOR SANITARY SEWER SERVICE**

Robbinsville Township

I. PROPERTY TO BE CONNECTED

Tax Block: _____ Tax Lot: _____

Address: _____

Project: _____

Is Entire Property Within Sewer Service Area? Yes No

II. PROPERTY OWNER

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

III. PLUMBER/CONTRACTOR

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

License No.: _____

IV. FACILITY DESCRIPTION (Check All Blocks that Apply)

A. Building

Description	Size	
	Present	Future
<input type="checkbox"/> Assembly Hall and/or Theater	No. of Seats:	_____
<input type="checkbox"/> Automobile Service Station	No. of Filling Positions:	_____
<input type="checkbox"/> Automobile Service Station	No. of Service Bays:	_____
<input type="checkbox"/> Automobile Service Station	Mini Market (Floor Area):	_____
<input type="checkbox"/> Boarding School	No. of Boarders:	_____
<input type="checkbox"/> Club (Residential)	No. of Members:	_____
<input type="checkbox"/> Club (Non-Residential)	No. of Members:	_____
<input type="checkbox"/> Club (Racquet)	No. of Court Hours:	_____
<input type="checkbox"/> Club (Bathhouse w/ Shower)	No. of Persons:	_____
<input type="checkbox"/> Club (Bathhouse w/o Shower)	No. of Persons:	_____
<input type="checkbox"/> Church (Worship Area Only)	No. of Seats:	_____
<input type="checkbox"/> Dentist Office	No. of Chairs:	_____
<input type="checkbox"/> Hair Dresser Salon	No. of Stations:	_____
<input type="checkbox"/> Hotel	No. of Bedrooms:	_____
<input type="checkbox"/> Laundromat	No. of Washing Machines:	_____
<input type="checkbox"/> Motel	No. of Bedrooms:	_____
<input type="checkbox"/> Restaurant (Average)	No. of Seats:	_____
<input type="checkbox"/> Restaurant (24-Hour Service)	No. of Seats:	_____
<input type="checkbox"/> Restaurant (Curb Service/Drive-In)	No. of Seats:	_____
<input type="checkbox"/> Restaurant (Bar or Cocktail Lounge)	No. of Seats:	_____
<input type="checkbox"/> Restaurant (Fast Food)	No. of Seats:	_____
<input type="checkbox"/> Restaurant (Dinner Theater)	No. of Seats:	_____
<input type="checkbox"/> School (No Shower or Cafeteria)	No. of Students:	_____
<input type="checkbox"/> School (with Cafeteria)	No. of Students:	_____
<input type="checkbox"/> School (with Cafeteria & Showers)	No. of Students:	_____
<input type="checkbox"/> School (with Cafeteria, Showers & Labs)	No. of Students:	_____
<input type="checkbox"/> Stores, Shopping Centers or Offices	Floor Area (square feet):	_____
<input type="checkbox"/> Warehouse/Factory (w/o Shower)	No. of Employees:	_____
<input type="checkbox"/> Warehouse/Factory (w/ Shower)	No. of Employees:	_____
<input type="checkbox"/> Warehouse/Factory (Process Wastewater)	Ave. Daily Flow (gals./day):	_____
<input type="checkbox"/> Other (Specify)		_____

B. Supplemental Information

Indicate any other information that may affect the quantity or quality of wastewater discharged from the facility. Discharges that occur in surges or unusually variable flow patterns shall be noted. Multiple uses shall be indicated as appropriate:

C. Project

- | | |
|---|--|
| <input type="checkbox"/> Existing Facility | <input type="checkbox"/> Proposed Facility |
| <input type="checkbox"/> Expansion of Existing Facility | <input type="checkbox"/> Change in Use |

V. CONNECTION TYPE

- | | |
|--|-------------------|
| <input type="checkbox"/> Connection to Existing Lateral/Inspection Riser | |
| <input type="checkbox"/> Renewal of Service | |
| <input type="checkbox"/> Saddle Connection to Main Sewer Line | |
| <input type="checkbox"/> Road Opening Permit Required | Permit No.: _____ |
| <input type="checkbox"/> Grease Trap/Pretreatment Unit Required | |

Length of Connection: _____ ft.

Pipe Material: _____

Note: Submit three (3) copies of a site plan detailing the proposed connection (materials, location, facility, sewer mains, pipe invert elevations, etc.).

VI. POTABLE WATER SUPPLY

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Private Well | <input type="checkbox"/> Public Water System |
|---------------------------------------|--|

VII. WASTE COMPOSITION

A. Does the possibility exist that any waste, other than domestic-type sewage, will be discharged into the sewerage system (e.g., through floor drains, clean-up sinks, process equipment, etc.)?

Yes No

B. Does the possibility exist that any pretreatment might be necessary to meet the Hamilton Township Department of Water Pollution Control discharge standards?

Yes No

Note: If either of the preceding questions is answered "Yes", approval by the Hamilton Township Department of Water Pollution Control shall be required. All requirements of the Hamilton Township Non-Domestic Discharge Program shall be satisfied.

VIII. PLANNING BOARD / ZONING BOARD APPROVALS

A. Is Planning Board and/or Zoning Board approval required for the project?

Yes (Submit Resolution) No

B. Action By Robbinsville Township Planning Board

<input type="checkbox"/> Filed	Date: _____	<input type="checkbox"/> Complete	Date: _____
<input type="checkbox"/> Incomplete	Date: _____	<input type="checkbox"/> Final Approval	Date: _____
<input type="checkbox"/> Preliminary Approval	Date: _____		

Comments and/or Conditions of Approval: _____

C. Action By Robbinsville Township Zoning Board

<input type="checkbox"/> Filed	Date: _____	<input type="checkbox"/> Complete	Date: _____
<input type="checkbox"/> Incomplete	Date: _____	<input type="checkbox"/> Final Approval	Date: _____
<input type="checkbox"/> Preliminary Approval	Date: _____		

Comments and/or Conditions of Approval: _____

IX. ACKNOWLEDGEMENTS BY APPLICANT

The undersigned applicant hereby acknowledges that:

- A. A minimum of forty-eight (48) hours' notice will be given to the Township Engineer prior to commencement of work. All work shall be inspected and approved by an authorized representative of the Township.
- B. Sewer Connection Permits are valid for a period of twenty-four (24) months from the date of issue. Any expansion or changes in the proposed use shall be immediately reported to the Township.
- C. The proposed connection involves the provision of sewerage service to a single building, to be served through an individual lateral. No connection shall be permitted to an existing lateral that serves another building. A Treatment Works Approval from the NJDEP may otherwise be required.
- D. Will the proposed connection will be accomplished solely by gravity flow of wastewater from the building to the sanitary sewer main (i.e., no pumps shall be utilized to convey sewage)?
 Yes No
- E. The total estimated sewage flow from the facility is less than 8,000 gallons per day (gpd), as determined by a New Jersey Licensed Professional Engineer. A Treatment Works Approval from the NJDEP shall otherwise be required.
- F. I have reviewed the Rules and Regulations of the Township and am making this application with the full understanding of, and agree with, all conditions for construction and operation as set forth therein.
- G. A plan showing as-built conditions shall be required.
- H. All information is true and accurate, and reflects all proposed uses at the site.
- I. Applicant's Information (if different than Property Owner)

Name: _____ Title: _____
Firm: _____
Address: _____
Telephone No.: _____ Fax No.: _____
E-Mail Address: _____

Applicant's Signature: _____ Date: _____

X. SUBMITTALS

- Three (3) copies of *Non-Residential Application for Sanitary Sewer Service*
- Application Fee (\$250.00)
- Review Fee (amount varies)
- Three (3) copies of a Site Plan detailing the proposed connection
- Planning Board and/or Zoning Board Application (where applicable)
- Signed Escrow Agreement

For Use By Township

- Approved Disapproved

Comments and/or Conditions:

Application Fee: \$ _____ Review Fee: \$ _____

Inspection Fee: \$ _____ Connection Fee: \$ _____

Township Representative

Signature: _____

Name: _____

Title: _____

Date: _____ Permit No.: _____

II. PROPERTY OWNER

Name: _____ Title: _____
 Firm: _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 E-Mail Address: _____

III. DESIGN ENGINEER

Name: _____ Title: _____
 Firm: _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 E-Mail Address: _____
 NJPE License No.: _____

IV. POTABLE WATER SUPPLY

Private Well Public Water System

V. PLANNING BOARD / ZONING BOARD APPROVALS

A. Is Planning Board and/or Zoning Board approval required for the project?

Yes (Submit Resolution) No

B. Action By Robbinsville Township Planning Board

<input type="checkbox"/> Filed	Date: _____	<input type="checkbox"/> Complete	Date: _____
<input type="checkbox"/> Incomplete	Date: _____	<input type="checkbox"/> Final Approval	Date: _____
<input type="checkbox"/> Preliminary Approval	Date: _____		

Comments and/or Conditions of Approval: _____

C. Action By Robbinsville Township Zoning Board

<input type="checkbox"/> Filed	Date: _____	<input type="checkbox"/> Complete	Date: _____
<input type="checkbox"/> Incomplete	Date: _____	<input type="checkbox"/> Final Approval	Date: _____
<input type="checkbox"/> Preliminary Approval	Date: _____		

Comments and/or Conditions of Approval: _____

VI. ACKNOWLEDGEMENTS BY APPLICANT

The undersigned applicant hereby acknowledges that:

- A. A minimum of forty-eight (48) hours' notice will be given to the Township Engineer prior to commencement of work. All work shall be inspected and approved by an authorized representative of the Township.
- B. I have reviewed the Rules and Regulations of the Township and am making this application with the full understanding of, and agree with, all conditions for construction and operation as set forth therein.
- C. An as-built survey shall be submitted prior to granting approval for operation of any portion of the system by the Township, in addition to other requirements for approval.
- D. All information is true and accurate, and reflects all proposed uses at the site.
- E. Applicant's Information (if different than Property Owner)

Name: _____ Title: _____
Firm: _____
Address: _____

Telephone No.: _____ Fax No.: _____
E-Mail Address: _____

Applicant's Signature: _____ Date: _____

For Use By Township

Approved

Disapproved

Comments and/or Conditions: _____

Application Fee: \$ _____ Review Fee: \$ _____
Inspection Fee: \$ _____ Performance Guarantee: \$ _____

Township Representative

Signature: _____
Name: _____
Title: _____
Date: _____ Application No.: _____

SANITARY SEWER EXTENSION CHECKLIST

Robbinsville Township

APPLICANT

Name: _____ Title: _____
Firm: _____
Address: _____

Telephone No.: _____ Fax No.: _____
E-Mail Address: _____

PROPERTY

Tax Block: _____ Tax Lot: _____
Project: _____

PERSON PREPARING CHECKLIST

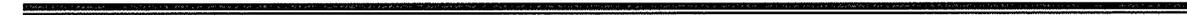
Signature: _____
Name: _____
Title: _____
Date: _____

This checklist shall be completed by the applicant or its authorized representative and submitted with the application. The checklist shall be used in determining completeness or incompleteness of the application. The applicant is advised that failure to provide all data required on this checklist or failure to apply for the appropriate waivers will render the application incomplete.

Applicant to complete column on left side of checklist only. "X" shall represent complete. "W" shall represent waiver requested. (The symbol "N/A" shall not be accepted. Waivers shall be requested with explanation for items thought to be not applicable or "N/A".) *Right Column for the Township's Use Only.*

I. ADMINISTRATIVE

Applicant	Township's Use
1.	Two (2) copies of completed Sanitary Sewer Extension Application Forms
2.	Payment of required fees
3.	Signed Escrow Agreement
4.	Receipt of taxes paid for current tax quarter from Robbinsville Twp Tax Collector
5.	Two (2) completed Checklists
6.	Two (2) completed Design Waiver Request forms
7.	Entire site is located within a designated sewer service area as shown on the Robbinsville Township Wastewater Management Plan, latest revision
8.	Two (2) complete sets of Site Plan(s) or Subdivision Plan(s) folded, collated, bound, signed and sealed with common date of issue or revision.
9.	Two (2) complete sets of detailed construction specifications, collated, signed, sealed, bound and bearing a common date of issue or revision with the plans and engineering reports.
10.	Two (2) copies of an Engineer's Report collated, signed, sealed, bound and bearing a common date of issue or revision with the plans and specifications.



For Use By Township

Township Representative

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Recommendation: Incomplete Complete
 Items Not Provided: _____

II. TECHNICAL

Applicant			Township's Use
1.	Designed, drawn, signed and sealed by NJPE, LS or AIA, as appropriate.		
2.	Blue or black line reproduction on standard sized sheets 30" x 42", 24" x 36", 15" x 21", 8½" x 11".		
3.	Acceptable title block containing minimum data as prescribed by N.J.S.A. 13:40-1		
4.	A north arrow with reference meridian		
5.	A legend identifying symbols used.		
6.	A utility key map showing the tract in question; all tax lots and blocks within 500 feet; municipal boundaries; existing or proposed Master Plan facilities within 500 feet; streams and waterways with identifying names extrapolated from tax maps or USGS quadrangle maps; public roadways within 500 feet; all water, storm sewer and sanitary sewer mains, manholes and inlets. The key map shall be at a scale of not less than 1" = 400 feet		
7.	Plan of existing and proposed lot lines showing bearings and dimensions of all lots and easements including the lands remaining to nearest 1/100th foot and areas to nearest 1/100th acre; and dimensions to all existing structures; wetlands boundaries; and flood hazard area boundaries		
8.	Plans and profiles of all proposed sanitary sewer construction detailing all horizontal and vertical locations and elevations of manholes, mains, laterals and pump stations as they relate to property lines, street lines, curb lines, roadway centerlines and dwelling locations. All pipe lengths and slopes shall be identified for each pipe and shall be measured center of structure to center of structure. Elevations of manhole rims, inverts in and inverts out shall be shown. All elevations shall be in NJGCS datum. Plans and profiles shall be prepared at minimum scales of 1" = 50' horizontally and 1" = 5' vertically with proportion of horizontal to vertical scales being no more than 10		
9.	The location and elevations of all flood hazard areas as defined by the New Jersey Department of Environmental Protection shall be identified both horizontally and vertically on the plans and profiles		
10.	An Engineer's Report, signed and sealed by a New Jersey Licensed Professional Engineer, detailing all design parameters and assumptions used for the application. Specifically, this report shall identify:		
10a.	All design flows in gallons per day in accordance with accepted New Jersey Department of Environmental Protection criteria		
10b.	Hydraulic characteristics of all sewer mains and appurtenances with a comparison to New Jersey Department of Environmental Protection criteria		
10c.	Analysis of all downstream facilities to ensure adequate capacity exists		

11.	Identification of existing on-site physical features including soils, geology, stream and water courses, rock out-crops, stream corridors and flood hazard areas. Where the site is predominantly underlain, occupied or otherwise characterized by one specific feature, a notation may be provided in lieu of a graphical representation. Stream corridors and flood hazard areas must be graphically identified. All sources used for the purpose must be referenced by document title, author, date of publication and section or page number	
12.	All rights-of-way, easements and lands to be dedicated to the Township or reserved for specific uses shall be shown and dimensioned with areas	
13.	The location and depth of all existing and proposed utility service lines and laterals on site and along the frontage of the site. This shall include storm drainage, water mains, sanitary mains, sump pump connections and underground electric and phone service	
14.	All on-site wetlands shall be field identified by a qualified expert in accordance with NJDEP standards, and surveyed, and located on the plan by the applicant's New Jersey Licensed Professional Land Surveyor	
15.	Detailed quantity take-off estimate, identifying all sanitary sewer main and manhole quantities at two (2) foot depth intervals (e.g., 0' - 6', 6' - 8', 8' - 10'...) throughout the entire project; all lateral connection fittings and appurtenances, and similar utility construction items. Performance guarantee unit prices shall be established by the Township Engineer, and confirmed upon issuance of the NJDEP permit	

For Use By Township

Township Representative

Signature: _____
Name: _____
Title: _____
Date: _____

Recommendation: Incomplete Complete

Items Not Provided: _____

**SANITARY SEWER EXTENSION CHECKLIST
DESIGN WAIVER REQUEST FORM**

Robbinsville Township

APPLICANT

Name: _____ Title: _____
Firm: _____
Address: _____

Telephone No.: _____ Fax No.: _____
E-Mail Address: _____

PROPERTY

Tax Block: _____ Tax Lot: _____
Project: _____

PERSON PREPARING DESIGN WAIVER REQUEST FORM

Signature: _____
Name: _____
Title: _____
Date: _____

This form is an integral part of the Sewer Extension Checklist submitted to Robbinsville Township wherein waivers from application checklist items are requested. This form must be completed for all requested waivers and submitted with the application in order for the application to be considered complete. It is the applicant's or its professional's responsibility to complete this form in order for proper consideration to be given to the request. Adequate documentation and support data shall be provided with the request in order for the Township to determine the appropriateness of the request. Where technical references or support data are given, the request form shall be signed and sealed by the appropriate professional.

ESCROW AGREEMENT

Robbinsville Township

This Agreement made this _____ day of _____, 20____, between:

Name: _____ Title: _____

Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

hereinafter called "**Applicant**", and
Robbinsville Township in the County of Mercer, State of New Jersey, hereinafter called the "**Township**",

Pertaining to an application described as follows:

TYPE OF APPLICATION

Residential Non-Residential Sewer Extension

PROPERTY

Tax Block: _____ Tax Lot: _____

Project: _____

WITNESSETH:

That the Applicant has submitted a development application to the Township for consideration in accordance with its rules and regulations and Applicant hereby covenants and agrees as follows:

1. Applicant agrees to pay all costs related to the Township's review and administration of the proposed application with said costs including but not limited to:
 - a. Conceptual review by the Township that entails professional consultant costs: engineering, legal and other extraordinary consultant services as may be required by the Township;
 - b. Full application professional review by the Township, which entails professional consultant costs for: engineering, legal, accounting and other extraordinary consultant services as may be required by the Township;
 - c. Administration and handling of the application by the Township Office with said costs including but not limited to: secretarial and clerical administrative handling, escrow account bookkeeping, accounts receivable and payable, and meeting secretarial/recording services.
2. Applicant understands and agrees to pay all costs as set forth above from the date of initial application submission through the Township's signature of approved plans.
3. Applicant understands and agrees to deposit with the Township's office an initial application filing fee in accordance with its Rules and Regulations upon submission of the application.

4. Applicant understands and agrees that the Township will draw down from said deposit to cover costs as set forth in Section 1 above.
5. Applicant understands and agrees to pay WITHIN TEN BUSINESS DAYS of receipt of the Township's statement/billing all additional costs as may be incurred and billed to the Applicant by Township relative to the review and administration of the application even if the costs of said review and administration exceed the initial filing fee deposit.
6. Applicant understands and agrees that in the event Applicant fails to pay a billed amount the Township may discontinue review and consideration of said application or if Township approval has been previously given, Township may deny service to the site for which a construction permit and/or certificate of occupancy is being solicited.
7. Township agrees to refund to applicant any sum deposited with Township for review and administration of the application not spent or needed by the Township. Said refund will be issued by the Township in accordance with its bi-annual refund schedule and following completion of the Township's review and administration of said application.
8. Applicant agrees and understands that it is incumbent on Applicant to periodically monitor the status of said escrow account. The applicant agrees to pay any additional amount as may be deemed reasonably necessary by the Township in order to process the application, in the event the available funds in this account are reduced to less than 25% of the original amount paid to the Township. Applicant agrees and understands that responsibility to pay all escrow charges is the Applicant's even if Applicant sells or conveys said property cited above to another party.

APPLICANT

Signature: _____
 Name: _____
 Title: _____
 Date: _____

TOWNSHIP'S REPRESENTATIVE

Signature: _____
 Name: _____
 Title: _____
 Date: _____



Application #: _____
Escrow Account #: _____

Planning and Zoning Office
2298 Route 33, Robbinsville, NJ 08691
Phone (609) 259-3600 Fax (609) 259-2128

ESCROW ACCOUNT CONTACT INFORMATION

Name of Applicant: _____

Project Address: _____

Project Block: _____ Lot(s): _____

Person or firm responsible for receiving and discussing financial/escrow account information (this would include receiving copies of any vouchers/invoices, account statements, requests to replenish the escrow account-per the escrow agreement, etc.):

Name: _____

E-mail address: _____

Address: _____

Phone number: _____

Robbinsville Township will send all escrow documents via email and will request the Board's professionals do the same.

All correspondence concerning escrow accounts shall be directed to the Township of Robbinsville Finance Department. I understand that if there is any change in Developer or any change in the Developer's address or contact information, I am responsible to notify the Township of Robbinsville Finance Department and will amend any necessary documents.

By signing this form, I certify that I am an authorized signatory and have full authority to have/grant access to this Developer's escrow account information.

SIGNATURE DATE

NAME, TITLE

- For Dept. Use: Save to Server
 Copy to Finance
 Add to Escrow Sheet

Permit No.: _____

SEWER CONNECTION PERMIT

Robbinsville Township Utilities Division
2298 Route 33
Robbinsville, New Jersey 08691
(609) 259-3600

I. Property to be Connected

Tax Block: _____ Tax Lot: _____
Address: _____

II. Property Owner's Information

Name: _____
Address: _____

Telephone No.: _____ Fax No.: _____

III. Applicant's Certification

I understand that this permit is valid for a period of twelve (12) months from the date of issue. I have reviewed the Rules and Regulations of the Township and am making this request with full understanding of, and agree with, all conditions for construction as set forth therein.

Print Name: _____
Signature: _____

IV. Permit Issuance

All necessary applications and fees have been received. This permit is for CONSTRUCTION ONLY. Issuance of a Sewer Use Permit shall be a prerequisite to obtaining a Certificate of Occupancy and/or utilization of the sewer connection. Forty-eight (48) hours minimum notice shall be given to the Township, prior to start of any work under this permit.

Connection Fee: \$ _____ Issuance Date: _____ Expiration Date: 1 year _____

Issued By: Township Engineer or Representative

Permit No.: _____

SEWER USE PERMIT

Robbinsville Township Utilities Division
2298 Route 33
Robbinsville, New Jersey 08691
(609) 259-3600

I. Property to be Served

Tax Block: _____ Tax Lot: _____
Address: _____

II. Property Owner's Information

Name: _____
Address: _____

Telephone No.: _____ Fax No.: _____

III. Permit Conditions

This permit is valid only for the use and average daily flow described in the Connection Permit. Any change in the nature of use, quality of effluent or average daily flow must be approved in writing, by the Township prior to making any changes. Should any changes be made without the Township approval this Permit shall become null and void and subject to any remedies according to law.

IV. Permit Issuance

The sanitary sewer connection has been inspected and is in conformance to applicable regulations. An as-built sketch of the connection has been received. The receiving sanitary sewer mains are approved for use by the Township. Capacity is available in the sewer system and this connection is hereby accepted for utilization. The Township has no objection to the issuance of a Certificate of Occupancy for the above referenced premises.

Equivalent Dwelling Units: _____ Issuance Date: _____

Issued By: Township Engineer or Representative