

**Robbinsville Township Utilities Division
 2298 Route 33, Robbinsville, NJ 08691
 (609) 259-3600 x1147
 WASTE WATER USE DETERMINATION FORM**

Applicant/Owner Name: _____

Legal Address: _____

Contact Name: _____ Phone: _____

Email: _____

Project Street Address: _____

Project Block _____ Lot: _____

Is This an Existing Structure Yes () No ()
 Will There Be an Increase in Square Footage Yes () No () Increase Amount _____
 Overall Square Footage of Building(s) _____

Current/Previous Use of the Building(s) (ie: restaurant, office, hair salon, medical office)

Provide a Brief Description of the Proposed Use of the Building (ie: alterations to existing office,
 converting retail space to office space, remodeling existing business)

	Current #	Proposed #
External Grease Trap (attach specifications)	_____	_____
Hand Sink	_____	_____
Hair Sink	_____	_____
Water Closet	_____	_____
Shower	_____	_____
Utility/Mop Sink	_____	_____
Washing Machine(s) (attach specifications)	_____	_____
Pedicure Chairs (attach specifications)	_____	_____
Other (specify) _____	_____	_____

Planning/Zoning Board Approval Required Yes () No () Application # _____

Plumbing Permit Required Yes () No ()

Owner/Applicant Signature (must be signed and dated) _____

TOWNSHIP USE ONLY

Application Required ()

No Impact ()

Reviewer Signature: _____

Date _____