

**LONG BRANCH SEWERAGE AUTHORITY
150 JOLINE AVENUE
P.O. BOX 720
LONG BRANCH, NJ 07740**

FORM A (1 of 3 pages)

**APPLICATION FOR CONCEPTUAL REVIEW
FILL IN AS EACH ITEM MAY APPLY - USE N/A IF NON-APPLICABLE**

LBSA PROJECT NO. _____ **DATE:** _____

Application for **CONCEPTUAL REVIEW OF SEWERAGE FACILITIES IN LONG BRANCH, COUNTY OF MONMOUTH, STATE OF NEW JERSEY**. This application must be filed in duplicate with the Executive Director of the Authority, accompanied by all applicable fees in cash or certified check made payable to the "Long Branch Sewerage Authority". All questions must be filled in; incomplete forms will not be accepted.

Application is hereby made for conceptual review of proposed sewerage facilities for a ruling on the system layout, characteristics, capacity and off-site requirements.

1. Applicant's Name _____ Tax ID No. _____
Address _____
_____ Phone () _____
Contact Person Name _____ Phone () _____

2. Name of Present Property Owner _____
Address _____
_____ Phone () _____

3. Interest of applicant if other than owner of property _____

4. If a subdivision, date classified as major subdivision by Planning Board.

5. Development Name _____

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6. Key Location or Street Location of Project _____

Block No. _____ Lot No(s). _____

7. Number of proposed lots to be sewered _____

Number of units as per applicable LBSA Rules and Regulations _____

8. Area of entire tract _____ and portion being sewered

9. Development Plans:

a. Construction of structures for sale (yes) _____ (no) _____.

lease (yes) _____ (no) _____.

b. Other _____

10. New Jersey Licensed Engineer designing sewerage plan:

Firm _____

Name of Engineer _____ License No. _____

Address _____

_____ Phone () _____

11. Attorney: Firm _____

Name of Attorney _____

Address _____

_____ Phone () _____

12. Does applicant or owner agree to convey by deed to the Long Branch Sewerage Authority easements for all sanitary sewer locations and all rights to sewer system?

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13. a) Describe proposal for sewage disposal:

b) Describe quality and quantity of waste:

14. List plans and other material accompanying application, and number of each:*

ITEM	NUMBER
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

15. Applicant and owner have read the LBSA Rules and Regulations and fully understand all necessary requirements. Yes _____

IN ADDITION to the payment of applicable filing fees, escrow deposits and the posting of bonds, a connection fee for each applicable unit is due and payable to the Authority in accordance with Section 3B.3of the LBSA Rules and Regulations.

(Signature of Applicant)

(Signature of Owner)

(Name of Applicant, typed/printed)

(Name of Owner, typed/printed)

(Applicant's Position or Title)

(Owner's Position or Title)

* Attach 3 prints of your plans.