

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

FORM E-2 (Page 1 of 3)

APPLICATION FOR COMMERCIAL SEWER SERVICE

FILL IN AS EACH ITEM MAY APPLY - USE N/A IF NON-APPLICABLE

Date _____

Application for **CONNECTION OF COMMERCIAL SEWERAGE FACILITIES IN LONG BRANCH, COUNTY OF MONMOUTH, STATE OF NEW JERSEY.** This application must be filed with the Executive Director of the Authority, accompanied by plan showing the proposed plumbing layout and/or connection. Please answer all questions.

1. Applicant's Name _____

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. Key Location or Street Location of Project _____

Block No. _____ Lot No. _____

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5. Area of entire tract _____ and portion being sewered _____.

6. New Jersey Licensed Engineer or Plumber designing sewerage plan:

Firm _____

Name of Contact _____ Lic. No. _____

Address _____

_____ Phone () _____

7. Attorney (if applicable): Firm _____

Name of Attorney _____

Address _____

_____ Phone () _____

7. 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? _____

9. Describe: a) proposed use _____

b) proposal for sewage disposal _____

c) quality and quantity of waste _____

10. Projected Date of Service _____

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

Note - Attach 3 sets of plans

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

12. Owner and applicant have read the LBSA Rules and Regulations and fully understand all necessary requirements. Yes _____

The payment of a connection fee for each applicable new unit may be due and payable to the Authority in accordance with Section 3B-4 of the LBSA Rules and Regulations.

(Signature of Owner)

(Signature of Applicant)

(Name of Owner, typed/printed)

(Name of Applicant, typed/printed)

(Owner's Position or Title)

(Applicant's Position or Title)