

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

FORM E-6 (Page 1 of 2)

**APPLICATION FOR CHANGE OF USE OF EXISTING SEWERAGE FACILITIES
(UNIT CHANGES)**

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

Date _____

Application for **CHANGE OF USE OF SEWERAGE FACILITIES IN LONG BRANCH, COUNTY OF MONMOUTH, STATE OF NEW JERSEY**. This application must be filed with the Executive Director of the Authority. Please answer all questions.

Application is hereby made for a change of use of existing sewerage facilities for a ruling on the system layout, characteristics, capacity, and requirements.

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. _____

FORM E-6 (Page 2 of 2)

(UNIT CHANGES)

5. Describe: a) prior use _____

b) new use _____

6. Effective Date of Change of Use _____

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

All sewer service charges must be paid up to date in order for the unit change to be effective.

(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)

8. Inspectors Report _____