

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

**FORM G (Page 1 of 5)**

**FLOOR DRAIN APPROVAL**

**LBSA PROJECT NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Application for **REVIEW OF FLOOR DRAIN 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 review of proposed floor drain facilities for a ruling on compliance and acceptability.

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 \_\_\_\_\_

\_\_\_\_\_

**FORM G (Page 2 of 5)**

**FLOOR DRAIN APPROVAL**

4. If an industrial facility, date of approval by Planning Board \_\_\_\_\_

\_\_\_\_\_

5. Trade Name \_\_\_\_\_

6. Key Location or Street Location of Facility \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

7. Description of industrial or commercial function and products \_\_\_\_\_

\_\_\_\_\_

8. On-site petroleum products: \_\_\_\_\_

\_\_\_\_\_

9. Average daily water consumption \_\_\_\_\_ gallons.

Source: \_\_\_\_\_

Names (generic) of all chemicals used in process: \_\_\_\_\_

8. New Jersey Licensed Engineer providing technical data:

Firm \_\_\_\_\_

Name of Engineer \_\_\_\_\_ Lic. No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

**FORM G (Page 3 of 5)**

**FLOOR DRAIN APPROVAL**

11. Attorney: Firm \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

12. Elevation of floor drain \_\_\_\_\_ Elevation of Street \_\_\_\_\_

13. Describe any process chemicals stored on premises, including tanks sizes, dilution, pH:

\_\_\_\_\_

Provide standard material safety data sheet for each chemical used or stored at site.

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

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

15. Owner and applicant have read the LBSA Rules and Regulations (attached) and fully understand all necessary requirements. Yes \_\_\_\_\_

**FORM G (Page 4 of 5)**

**FLOOR DRAIN APPROVAL**

**IN ADDITION to the payment of applicable filing fees, escrow deposits and inspection fees, floor drain charges are due and payable to the Authority in accordance with Section 3B. THESE FEES ARE PAYABLE PRIOR TO THE ISSUANCE OF A PERMIT.**

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Applicant or Agent)

\_\_\_\_\_  
(Name of Owner, typed/printed)

\_\_\_\_\_  
(Name of Applicant/Agent, typed/printed)

\_\_\_\_\_  
(Owner's Position or Title)

\_\_\_\_\_  
(Applicant/Agent Position or Title)

**FORM G (Page 5 of 5)**  
**FLOOR DRAIN APPROVAL**

---

---

SPACE BELOW FOR OFFICIAL USE ONLY

---

---

APPROVED  
LONG BRANCH SEWERAGE AUTHORITY

\_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
(Applicant)

\_\_\_\_\_ (Address) \_\_\_\_\_ (Phone number)

\_\_\_\_\_ By \_\_\_\_\_  
(Date of Approval)

\_\_\_\_\_ (Expiration Date) \_\_\_\_\_ (Print Name and Address)