

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

FORM H (Page 1 of 4)

SWIMMING POOL DRAIN APPROVAL

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

Application for **REVIEW OF SWIMMING POOL 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 swimming pool 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 _____

4. If a commercial or institutional facility, date of Planning Board approval _____

SWIMMING POOL DRAIN APPROVAL

5. Trade Name or Facility Name _____

6. Key Location or Street Location of Facility _____

Block No. _____ Lot No. _____

7. Description of facility type (residential, commercial or institutional) _____

8. Volume of Pool _____ gallons. Source of Water _____

9. No. of persons using pool: Average _____ Peak _____

10. On-site treatment facilities (filters, disinfection equipment, pumps, etc.)

11. Names (generic) of all chemical used for disinfection or cleaning _____

12. Exact location and size of proposed connection _____

Elevation of drain at pool _____

Elevation of sewer at street _____

13. New Jersey Licensed Engineer providing technical data:

Firm _____

Name of Engineer _____ Lic. No. _____

Address _____

_____ Phone () _____

SWIMMING POOL DRAIN APPROVAL

14. Attorney: Firm & Name of Attorney _____

Address _____

_____ Phone () _____

15. Name of Contractor installing drain: _____

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

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

17. Owner and applicant have read the LBSA Rules and Regulations (attached) and fully understand all necessary requirements. Yes _____

IN ADDITION to the payment of applicable filing fees, escrow deposits and inspection fees, swimming pool drain charges are due and payable to the Authority in accordance with Sections 3B.

* Attach 2 prints of your plans.

(Signature of Owner)

(Signature of Applicant or Agent)

(Name of Owner, typed/printed)

(Name of Applicant/Agent, typed/printed)

FORM H (Page 4 of 4)

SWIMMING POOL DRAIN APPROVAL

=====

SPACE BELOW FOR OFFICIAL USE ONLY

=====

APPROVED BY THE LONG BRANCH SEWERAGE AUTHORITY

_____ Block _____ Lot _____
(Applicant)

_____ (Address) _____ (Phone number)

_____ By _____
(Date of Approval)

_____ (Expiration Date) _____ (Print Name and Address)