

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

FORM E-5 (Page 1 of 2)

APPLICATION FOR DISCONNECTION OF SEWERAGE FACILITIES

PERMANENT DISCONNECTION _____

(RECONNECTION FEE WILL APPLY)

OR

TEMPORARY DISCONNECTION _____

(ACCOUNT MUST STAY ACTIVE)

Date _____

Application for **DISCONNECTION OF EXISTING 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. Key Location or Street Location of Project _____

Block No. _____ Lot No. _____

4. Number of proposed lots to be disconnected _____

Number of laterals to be disconnected _____

5. New Jersey Licensed Plumber performing the work:

Firm _____

Name of Plumber _____ Lic. No. _____

Address _____ Phone () _____

6. Describe proposal for disconnection: (See Section 4.7 of LBSA Rules and Regulations)

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

The Authority must be notified 24 hours in advance of the proposed disconnection, and an Authority Inspector must be in attendance.

(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)

APPLICANT MUST STILL REACH OUT TO THE CITY'S PLUMBING SUB CODE OFFICIAL FOR THEIR INSPECTIONS / APPROVALS