



Mount Laurel Township

Municipal Utilities Authority

Mailing Address-**1201 South Church Street – Mount Laurel, NJ 08054**
Engineering Office: 81 Elbo Lane – Mount Laurel, NJ 08054-9641
Phone: (856) 722-5900 ext. 117
Email: engineering@mltmua.com
Fax: (856) 235-0816

S-3 Application

Application Fee \$200.00

Application for Construction of Sanitary Sewer Facilities

TO: Mount Laurel Township Municipal Utilities Authority:

Date Received _____

1. Name of Property Owner: _____

Mailing Address: _____
No. Street City State Zip

E-Mail Address: _____ **Phone No.** _____ **Fax No.** _____

2. Name of Owner's Representative: _____
(If Applicant is Not Owner)

Mailing Address: _____
No. Street City State Zip

E-Mail Address: _____ **Phone No.** _____ **Fax No.** _____

3. Applicants Consulting Engineer: _____

Mailing Address: _____
No. Street City State Zip

E-Mail Address: _____ **Phone No.** _____ **Fax No.** _____

4. Name of Project: _____

Project Address: _____

Project Location: _____

Tax Map Block No.: _____ Lot Nos.: _____

Section Number _____ Number of Proposed Lots to be Serviced _____

5. Date of Preliminary Planning Board Approval _____

6. Schedule of Development (List Chronologically)

Estimated Connection Date	Section Number	Number of Units	Type of Units

7. Describe Proposed Sewer System and Appurtenances:

DESCRIPTION	ESTIMATED COST
A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
D. _____	\$ _____
E. _____	\$ _____
F. _____	\$ _____

8. List of Plans and Other Materials Accompanying Application:

9. List other State or Local permits received for this project that may impact the sanitary sewer system.

	PERMIT	DATE OF APPROVAL
A.	_____	_____
B.	_____	_____
C.	_____	_____

Signature of Property Owner

Date

Print Name

Signature of Owner's Representative

Date

Print Name

INSTRUCTIONS TO APPLICANT/DEVELOPER:

- 1. This form is to be submitted in triplicate.**
- 2. Attach one (1) copy of the sanitary sewer construction plans in digital format.**
- 3. Attach one (1) copy of Plan and Parcel map in digital format.**
- 4. There is an application fee for the Application For Final Approval in the amount of \$200.00 which is payable herewith.**
- 5. Initial escrow deposits for inspection services shall be determined upon review of this application. They shall be collected in accordance with N.J.S.A. 40:B-73-h and 74-b based on the following formula:**

5% of improvement cost (minimum \$500.00)

Fees are due prior to construction or State Application (if applicable) is made.

THIS SECTION IS TO BE LEFT BLANK BY APPLICANT:

Application Fee Paid \$ _____ Escrow Review Fees Paid \$ _____

Date Application Certified as Complete _____ Initials _____

ACTION BY MLTMUA CONSULTING ENGINEER:

Approved _____ Approved as Noted _____ Disapproved _____

Reason for Disapproval _____

Date _____ Signature _____
Consulting Engineer Representative

ACTION BY MLTMUA:

Approved _____ Approved as Noted _____ Disapproved _____

Reasons for Disapproval _____

Date _____ Signature _____