



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

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Fax: (856) 235-0816

**W-3 Application**

**Application Fee \$200.00**

## Application for Construction of Water 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 Water System and Appurtenances:

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

8. List of Plans and Other Materials Accompanying Application:

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

	<b>PERMIT</b>	<b>DATE OF APPROVAL</b>
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 water 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 \_\_\_\_\_