

**APPLICATION TO  
THE TOWNSHIP OF HILLSBOROUGH MUNICIPAL UTILITIES AUTHORITY  
FOR THE APPROVAL OF  
PLANS AND SPECIFICATIONS  
FOR THE CONSTRUCTION OF SANITARY SEWER FACILITIES**

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Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Listed Telephone Number: \_\_\_\_\_

Location of Project:  
Tax Map Sheet No(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block \_\_\_\_\_

Number of Proposed:

\_\_\_\_\_ Single Family Residential Lots

\_\_\_\_\_ Townhouses

\_\_\_\_\_ Apartments

\_\_\_\_\_ Industrial Lots

\_\_\_\_\_ Commercial Units (Offices, Stores, Etc.)

\_\_\_\_\_ Other (Describe \_\_\_\_\_)

Number of Sewer Connections to Parent System \_\_\_\_\_

Number of Proposed Manholes \_\_\_\_\_

Proposed Sewer Main Size	Linear Feet
_____	_____
_____	_____
_____	_____
_____	_____

Estimated Average Daily Flow \_\_\_\_\_ gpd

Estimated Cost of Sewer Improvements \$ \_\_\_\_\_

Water Source:    \_\_\_ NJ American Water    \_\_\_ Well    \_\_\_ Other

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Name of Professional Engineer Preparing the Plans for the Applicant:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ N.J. License No. \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Typed Signature

\_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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Do Not Write Below Line

Application No. \_\_\_\_\_ Date Filed \_\_\_\_\_

Application Fee Received \$ \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_

**Hillsborough Municipal Utilities Authority  
P. O. Box 5909  
Hillsborough, NJ 08844  
Telephone (908) 371-9660  
Fax (908) 371-9670**