



**INDUSTRIAL AND/OR COMMERCIAL UPDATE APPLICATION**

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**Instructions:**

Complete this update application for each tenant located at the address of the property.

**1. Owner's Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listed Telephone Number: ( ) \_\_\_\_\_

**2. Applicant / Tenant's Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listed Telephone Number : ( ) \_\_\_\_\_

**3. Property Location:**

Street: \_\_\_\_\_

Tax Map Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**4. Building Description:** \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_



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If office building or shopping center, indicate total square footage, including usable basement:

\_\_\_\_\_

If Factory/Warehouse indicate the # of employees: \_\_\_\_\_

\_\_\_\_\_

**Proposed use(s): If business, please specify type. If warehouse, please specify type of storage/product.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate Square footage of unit for proposed use:** \_\_\_\_\_

Approximate number of full time employees \_\_\_\_\_

Part time employees: \_\_\_\_\_ Tenants: \_\_\_\_\_

**Laundry Facility: # of Washing Machines:** \_\_\_\_\_

Customer/clients \_\_\_\_\_ anticipated each day in connection with each use.

If restaurant, please indicate number of seats \_\_\_\_\_

- **Grease Trap Questionnaire MUST be completed.**

If bar, please indicate number of stools \_\_\_\_\_

- **Grease Trap Questionnaire MUST be completed.**

If school, please indicate number of students \_\_\_\_\_



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5. **Waste Composition:**

Will any waste, other than domestic-type sewage, be discharged into the sewerage system? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will any pretreatment be necessary to meet MUA discharge standards? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note:** If either of the preceding two questions is answered "yes", an additional questionnaire, Form "B", must be filed.

6. **Water Source:**

Well \_\_\_\_\_ NJ American Water Co \_\_\_\_\_

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

\_\_\_\_\_  
(Owner or Authorized Agent - PRINT)

Title: \_\_\_\_\_

**For Use by Municipal Utilities Authority**

Approval:

Comments or Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Title \_\_\_\_\_

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