

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

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: _____

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**