

**HILLSBOROUGH MUNICIPAL UTILITIES AUTHORITY  
APPLICATION  
INDUSTRIAL AND/OR COMMERCIAL SEWER CONNECTION/USE PERMIT**

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**Instructions:**

Read the attached "Effluent Standards", fill in all applicable portions of this form and submit three (3) copies of a site plan detailing the proposed connection. A connection fee will be determined based on this information. Upon approval of the planned connection and payment of the fee, a permit will be issued which must in turn be submitted to the Building Inspector to obtain a building and/or occupancy permit.

1. Owner's Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

2. Applicant / Tenant's Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

3. 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: \_\_\_\_\_

\_\_\_\_\_

5. 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: \_\_\_\_\_

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 \_\_\_\_\_

6. Waste Composition:

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

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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.

7. Water Source:

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

8. Receipt of the “Effluent Standard” and an awareness of its contents is acknowledged. (attached).

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

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

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

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**For Use by Municipal Utilities Authority**

Approval:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Title \_\_\_\_\_

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