

FLEMINGTON SEWER DEPARTMENT

REQUEST FOR WILL SERVE LETTER

FOR SEWER DEPARTMENT USE ONLY

Date Filed: _____

Application Fee: _____ Small Project (\$100)

Received By: _____

_____ Large Project (\$250)

EXPIRATION DATE: _____

.....
Extension No. 1 Requested: _____

Received By: _____

1st Extension Fee: _____ Small Project (\$50)

EXPIRATION DATE: _____

_____ Large Project (\$125)

.....
Extension No. 2 Requested: _____

Received By: _____

2nd Extension Fee: _____ Small Project (\$50)

EXPIRATION DATE: _____

_____ Large Project (\$125)

.....
Final Extension Requested: _____

Received By: _____

Final Extension Fee: _____ Small Project (\$50)

EXPIRATION DATE: _____

COMMITTEE APPROVAL

YES NO

Resolution No., if applicable _____

Date: _____

Signature: _____

TO BE COMPLETED BY APPLICANT

PROPERTY LOCATION

Street Address: _____

Municipality: _____

Block(s): _____

Lot(s): _____

Description of Existing Use: _____

Description of Proposed Use: _____

Is the property within the Borough of Flemington Sewer Department Service Area? Yes

No

APPLICANT

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Fax Number: _____

PROPERTY OWNER

Name: _____

Address: _____

Telephone Number: _____

Email: _____ Fax Number: _____

PROJECT/USE TO BE SERVED

SMALL PROJECT (DEMAND <1,000 GPD)

LARGE PROJECT (DEMAND > 1,000 GPD)

Single Family Dwelling *Number of Bedrooms* _____ *Estimated Daily Usage* _____

Two Family Dwelling *Unit#1 - Number of Bedrooms* _____ *Estimated Daily Usage* _____
Unit#2 - Number of Bedrooms _____

Non-Residential Use (< 1,000 GPD) *Estimated Daily Usage* _____
Description of Proposed Use: _____ *Gross Floor Area:* _____ SF

OTHER* *Estimated Daily Usage* _____
Description of Proposed Use: _____ *Gross Floor Area:* _____ SF

Applicant: _____
(Printed Name)

(Signature of Applicant)