



TOWNSHIP OF PISCATAWAY
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF ENGINEERING

***CALL BEFORE YOU DIG 1-800-272-1000**

APPLICATION No. _____ ***ONE CALL**
Confirmation No. _____

Application for sanitary sewer connection (This is not a permit) DATE: _____

NOTE: TWS APPLICATION MUST BE FILLED IN COMPLETELY (PLEASE PRINT OR TYPE.)

I hereby request permission to make a connection to the Piscataway Sewerage System, in accordance with and subject to an ordinance entitled: "AN ORDNANCE REQUIRING AND PROVIDING FOR THE CONNECTION TO A SEWERAGE SYSTEM TO BE CONSTRUCTED OR ACQUIRED IN THE TOWNSHIP OF PISCATAWAY OF ALL HOUSES, BUILDINGS AND STRUCTURES LOCATED ON A STREET ALONG THE LINE OF ANY SEWER NOW OR HEREAFTER CONSTRUCTED IN THE TOWNSHIP OF PISCATAWAY IN THE COUNTY OF MIDDLESEX, NEW JERSEY. AND PROVIDING FOR THE ENFORCEMENT THERE OF. "and the amendments and supplements thereto.

I agree to be responsible for all of the construction work incidental to connecting to the sewer line, including the restoration of the existing pavement and to obtain all necessary permits required by the Township of Piscataway, the County of Middlesex, and the State of New Jersey. I further agree to be responsible for obtaining the location of public utilities installed in the public right-of-way prior to the start of construction, and shall be responsible for the repair of any damage to the utilities resulting from this construction work.

I have attached for your review a plot plan of the property in question showing the location of the proposed / existing sanitary sewer lateral dimensionally tied to a property corner and the existing sanitary sewer main located in the street.

* THE APPLICANT SHALL HAVE A COPY OF BOTH THE STREET OPENING PERMIT (if applicable) AND THE SEWER CONNECTION PERMIT, ALONG WITH AN APPROVED PLAN ON SITE AT THE TIME OF CONSTRUCTION.

* TWO COPIES OF THE PLAN MUST BE SUBMITTED WITH THIS APPLICATION.

* NO PERMIT WILL BE ISSUED WITHOUT ONE-CALL CONFIRMATION NO.
(IN THE CASE OF A NEW PHYSICAL CONNECTION)

Name: _____ Phone #: _____

Address: _____
Number and Street City and State Zip Code

Name of Property Owner: _____ Phone #: _____

Address: _____
Number and Street City and State Zip Code



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Location of property requiring sewer connection: _____

Block: _____ Lot: _____ Zone: _____

Lot Dimensions: _____ Lot Acreage: _____

Type of Building: _____

Kind of Pipe and Jointing Material: _____

Diameter of Sewer Lateral: _____

Character of Waste: Residential: _____ Industrial: _____ Other: _____

Is there an existing house connection available at the curb line? Yes: _____ No: _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PROPERTY OWNER

DATE

***All Applications for non-residential sewer connections must be accompanied by a certification from the applicant's Engineer as to the daily usage in "gallons per day". In addition, in the case of a structure being reoccupied by a different user the usage in "gallons per day" of the previous user must be certified. These figures will be verified by the Township Engineer.

I hereby certify that the usage for the above referenced facility will be approximately _____ gallons per day.

I hereby certify that the usage for the previous use of the property was approximately _____ gallons per day.

Signature _____ Date _____ Seal _____

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APPLICATION FOR SANITARY SEWER CONNECTION REVIEWED BY:

DIRECTOR OF COMMUNITY DEVELOPMENT /
SUPERVISOR OF ENGINEERING

DATE

CONNECTION FEE

COMMENTS: _____

SIGNATURE OF SUPERINTENDENT OF SEWER UTILITY

DATE

COMMENTS: _____