

The Jackson Township Municipal Utilities Authority

EXHIBIT: A

135 Manhattan Street
Jackson, NJ 08527
Telephone: (732) 928-2222
Fax: (732) 928-5171

Statement of Utility Services

Applicant: Name: _____ Bus Tel No: _____
Address: _____ Res Tel No: _____
_____ Fax No: _____

Property in Question:
Address: _____
Block: _____ Lot: _____
Qual: _____

Check One:
_____ Single Family Residence _____ Minor Subdivision
_____ Commercial _____ Major Subdivision -
(3 or more homes)

Comments/Questions: _____

(Do not write below this line.)

JTMUA: _____ Tax Map Drawing No. _____
_____ Water _____ Sewer

1. Utility Service can be provided.
Application for Service is REQUIRED. _____

Connection can be provided as follows:
Water _____ (Street)
Sewer _____ (Street)

2. Utility Service cannot be provided at this date.
Application for extension is required: _____
_____ Yes _____ No

3. Utility Service cannot be provided at this date.
It shall be available upon completion of work by a
developer under application no. _____. Contact
the Authority to confirm availability of services.

4. Utility Service is provided. _____

Comment: _____

Date: _____ Signed: _____
Note: Statement is good for one year. Jackson Township MUA

Date: _____

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Existing Commercial - Additional Information

Property in Question:

Address: _____

Block: _____ Lot: _____

Qual: _____

1. How many buildings are on the property? _____

Each building requires its own water service connection from the street.

2. Confirm the sizing requirements for each water service. _____

3. Confirm if fire protection is required. _____

If so, each requires a separate fire service from the street.

4. The Board of Fire Commissioners has been contacted for additional fire requirements. _____

5. The Existing well will be physically disconnected from the water supply by: _____

Well water can be used for irrigation.

6. The NJDEP was contacted for requirements to decommission the well. _____

7. The Ocean County Board of Health was contacted for requirements necessary to seal the septic. _____

8. The Township of Jackson, Plumbing Department was contacted to inspect the onsite connection. _____

(Do not write below this line.)

JTMUA:

1. Water Tap inspection is necessary. Yes _____ No _____
Please call 24 hours in advance to schedule.

2. Sewer Tap inspection is necessary. _____
Please call 24 hours in advance to schedule.

Comment: _____

Date: _____

Signed: _____

Note: Statement is good for one year.

Jackson Township MUA