



JACKSON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

135 Manhattan Street • Jackson • New Jersey 08527

Telephone: 732-928-2222 • Facsimile: 732-928-5171 • www.jacksonmua.com

Application for Review of Preliminary Plans for Utility Services

Water _____ Sewer _____ Water & Sewer _____

1. Design Engineer:

Name _____

Address _____

Phone no. _____ Email _____

2. Development Plans:

Project Name: _____

Commercial _____ Industrial _____ Residential _____

Building Use _____ Estimated Water Consumption _____ GPD

3. Property Location:

Street _____

Block(s) _____ Lot(s) _____

4. Owner/Applicant:

Name _____

Address _____

Phone no. _____ Email _____

5. Developer: (If Other Than Applicant)

Name _____

Address _____

Phone no. _____ Email _____

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For JTMUA use only

Fees:

A. Application

Subdivision

of Proposed Units _____

Per Unit X \$25.00 _____

Application Fee _____ (Min \$200)

-OR-

Commercial - Site Plan

GPD/Authority's Calculated EDU= _____ EDU

EDU X \$25.00 _____

Application Fee _____ (Min \$1000)

B. Review

Subdivision

of Proposed Units _____

Per Unit X \$25.00 _____

Review Fee _____ (Min \$500)

-OR-

Commercial - Site Plan

Square feet _____

One (1) sq ft X \$0.15 _____

Review Fee _____ (Min \$500)

Please make sure to submit the following:

- One (1) check for Preliminary Application fees and one (1) check for Preliminary Review fees
- Make all checks payable to "JTMUA" or Jackson Township Municipal Utilities Authority
- One (1) paper and one (1) electronic set of the site plans are required with this application
- Original signed W-9

See www.jacksonmua.com **Rules and Regulations for complete list of items needed for submittal.**

To submit electronic application packet see www.jacksonmua.com Rules & Regs or Forms & Links

An administratively complete electronic and hardcopy Application packet must be submitted no later than the 1st of the month for consideration at that months' Authority meeting.

Send Completed Form with Required Attachments to:

Jackson Township MUA
135 Manhattan Street • Jackson • New Jersey 08527

Applicant (Signature)

Date _____

(Type or Print Name and Title)