Borough of Mt. Arlington

Construction Department

Location Address: 1 Altenbrand Ave.
Mailing Address: 419 Howard Blvd.
Mt. Arligton, NJ 07856
Phone: (973) 398-6832 x. 114
kappleby@mtarlingtonboro.com

Water/Sewer Connection Application Information

This application will be used to aid in the sizing of the service connection to your property. *An individual questionnaire must be filled out for each habitable structure to receive water service; if there are multiple habitable structures on the lot, please fill out a separate questionnaire for each and indicate the structure.* Please complete Items 1 through 9 in Part I on the following pages. For Item 8, there is additional space to add plumbing fixtures if you feel something else should be included.

We kindly request that the questionnaire be filled out and returned promptly in order to adequately supply water to you. In the event that the questionnaire is not returned, you will be supplied with a three-quarter inch (3/4") service connection. If the three-quarter inch (3/4") service connection size is inadequate, the property owner will be responsible for the cost of replacement.

Please return the questionnaire to the following address:

Attention: Technical Assistant to the Construction Official
Construction Office
1 Altenbrand Avenue
Mount Arlington, NJ 07856

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Water/Sewer Connection Application

PART 1- TO BE COMPLETED BY APPLICANT

1. **Owner Name:** _____
2. **Owner Address:** _____
   _____
   _____
3. **Property Address:** _____
   _____
   _____
4. **Block:** _____ **Lot:** _____ **Qualifier:** _____
5. **Description of Building/ Structure and Use:** _____
   _____
   _____
6. **Total Square Footage of Structure:** _____
7. **Total Number of Bedrooms:** _____

8. **Room and Plumbing Fixtures**	**Quantity of Fixtures**
Example: Bathroom 0	
Sinks	1
Shower Stalls	0
Bath Tubs	1
Bathroom 1	
Sinks	
Shower Stalls	
Bath Tubs	
Bathroom 2	

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Sinks	
Shower Stalls	
Bath Tubs	
Bathroom 3	
Sinks	
Shower Stalls	
Bath Tubs	
Bathroom 4	
Sinks	
Shower Stalls	
Bath Tubs	
Kitchens	
Sinks	
Dishwashers	
Laundry Rooms	
Washing Machines	
Utility Sinks	
Other	
Utility Sinks	

9. _____ _____ _____

Applicant (print name) Applicant Signature Date

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PART 2- TO BE COMPLETED BY BOROUGH

1. **Equivalent Dwelling Units: _____**
2. **Fees:**

   Application Fee: _____

   Meter Fee: _____

   Water Connection Fee: _____

   Sewer Connection Fee: _____

   Total Fees: _____
3. **Computed by:**

_____ _____ _____
Print Name Signature Date

Application/Meter Fee:_____ Check#_____ Water/Sewer Conn. Fee:_____ Check#_____

Part III: TO BE COMPLETED BY BUILDING DEPARTMENT

1. **Permit No.:** _____
2. **Date Issued:** _____
3. **Issued by:**

_____ _____ _____
Print Name Signature Date