Construction Department 419 Howard Blvd.

Mt. Arligton, NJ 07856 Phone: (973) 398-6832 x. 114 kappleby@mtarlingtonboro.com

PART 2- TO BE COMPLETED BY BOROUGH

1.	Equivalent Dw	elling Units:		
2.	2. Fees:			
	Meter & Yoke Fee:			
	Water Connect (Separate Chec			
	Sewer Connect (Separate Chec		<u> </u>	
	Total Fees:			
3.	Computed by:			
	Pri	nt Name	Signature	Date
Met	ter Fee:	Check#	Water/Sewer Conn. Fee: Check	c#
<u>Par</u>	t III: TO BE CC	MPLETED BY	BUILDING DEPARTMENT	
1.	Permit No.:			_
2.	Date Issued:			_
3.	Issued by:			
	Pr	int Name	Signature ——	Date

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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		
Applicant (print name)	Applicant Signature	Date

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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				
	Shower Stalls				
	Bath Tubs				
	Bathroom 1				
	Sinks				
	Shower Stalls				
	Bath Tubs				
	Bathroom 2				

Sinks

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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
419 Howard Blvd.
Mount Arlington, NJ 07856