

**SANITARY SEWER APPLICATION**  
**NEW RESIDENTIAL CONSTRUCTION AND COMMERCIAL ADDITIONS/CONSTRUCTION**  
**Florham Park Sewerage Utility**  
**31 Vreeland Road**  
**P.O. Box 131, Florham Park, NJ 07932**  
**Telephone: 973-377-1330**

THE UNDERSIGNED HEREBY APPLIES FOR SANITARY SEWER CONNECTION APPLICATION FOR THE BELOW DESCRIBED PROPERTY.

APPLICANT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**PROPERTY OWNER'S NAME AND ADDRESS:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
LOCATION OF SITE: \_\_\_\_\_

**APPLICATION FEE: (MAKE CHECK PAYABLE TO: FLORHAM PARK SEWERAGE UTILITY)**

**FOR RESIDENTIAL & INSTITUTIONAL UNITS:**

**1-10 UNITS \$133.13**  
**11-20 UNITS \$266.25**  
**21 + UNITS \$399.38**

**FOR COMMERCIAL & INDUSTRIAL:**

**\$399.38 PER BUILDING WITH SANITARY SEWER SERVICE**

**STRUCTURE:**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
NUMBER OF SERVICE CONNECTIONS: \_\_\_\_\_ EXISTING: \_\_\_\_\_ NEW: \_\_\_\_\_  
SIZE OF SERVICE CONNECTION: \_\_\_\_\_ PIPE MATERIAL AND SCHEDULE: \_\_\_\_\_  
SINGLE FAMILY: \_\_\_\_\_ MULTIPLE: \_\_\_\_\_ (# \_\_\_\_\_ OF FAMILIES)  
TOWNHOUSE: \_\_\_\_\_ (ONE BR: \_\_\_\_\_ TWO BR'S: \_\_\_\_\_ THREE BR'S \_\_\_\_\_)  
Of the units list above, please provide the COAH unit breakdown: ONE BR: \_\_\_\_\_ TWO BR'S: \_\_\_\_\_ THREE BR'S \_\_\_\_\_  
COMMERCIAL \_\_\_\_\_ SQ.FT.(REMARKS: \_\_\_\_\_)  
INDUSTRIAL: \_\_\_\_\_ SQ.FT.(REMARKS: \_\_\_\_\_)  
ADDITION/EXPANSION OF EXISTING COMMERCIAL BUILDING: \_\_\_\_\_ SQ.FT.  
DESCRIPTION OF DISCHARGE: (DESCRIBE THE NATURE OF YOUR SANITARY DISCHARGE, IF COMMERCIAL DESCRIBE THE FACILITY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FPSU REQUIRES REIMBURSEMENT ON NON-RESIDENTIAL, MAJOR/MINOR SUBDIVISION/SITE PLANS FOR ALL COSTS ASSOCIATED WITH AN APPLICANT'S APPLICATION, THROUGHOUT THE LENGTH OF THE PROJECT UNTIL COMPLETION. PLEASE SUBMIT TWO (2) HARD COPY SETS OF PLANS AND SPECIFICATIONS/DRAWINGS WITH APPLICATION AND ONE (1) DIGITAL SET OF PLANS AND SPECIFICATIONS/DRAWINGS.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DO NOT COMPLETE BELOW THIS LINE

\_\_\_\_\_  
GALLONAGE: \_\_\_\_\_ GPD  
APPLICATION NO: \_\_\_\_\_ FEES RECEIVED: \_\_\_\_\_  
DATE FILED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
CONNECTION FEE: \_\_\_\_\_ SERVICE FEE: \_\_\_\_\_