



# TOMS RIVER MUNICIPAL UTILITIES AUTHORITY PRELIMINARY APPLICATION

340 West Water St.  
Toms River, NJ 08753  
(732)-240-3500  
Fax (732) 244-4691

**APPLICATION for REVIEW of PRELIMINARY PLANS for SUBDIVISION, SITE PLAN, or OTHER DEVELOPMENT**  
THIS APPLICATION MUST BE ACCOMPANIED BY:  
FILING FEE (As per RATE SCHEDULE), and PRELIMINARY PLANS (2 sets of 24"x36")

Property Location			
Block(s)	Lot(s)	Tax Map#	Area of ENTIRE TRACT

Preliminary Application #
Date Received

**1. APPLICANT:** (See also item #s 8 & 10 where applicable)

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

- ATTACH A COPY OF A COMPLETED/NOTARIZED TOMS RIVER TWP PLANNING BOARD DISCLOSURE FORM IF THE ABOVE IS A CORPORATION OR PARTNERSHIP.  **FORM ATTACHED**
- THE TOMS RIVER MUA MUST BE NOTIFIED BY THE ABOVE APPLICANT, IN WRITING, OF ANY SUBSEQUENT CHANGE IN APPLICANT STATUS (see EXHIBIT "E")

**2. CURRENT PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**3. Interest of APPLICANT, if APPLICANT is not CURRENT PROPERTY OWNER:**

**4. UNIT CALCULATION:**

**RESIDENTIAL:**

Residential Dwelling = 1UNIT

# of Proposed UNITS

**NON-RESIDENTIAL:**

Determine flow projection in gallons/day in accordance with DEP NJAC 7:14A-23.3

(see TRMUA RULES & REGULATIONS Appendix)

# of Proposed UNITS

# of UNITS = Flow Projection in Gallons/Day ÷ 200 Gallons/Day

TOTAL=

DETAIL of NON-RESIDENTIAL UNIT CALCULATION:

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**5. PERSON DESIGNING PRELIMINARY PLAN:**

Name: \_\_\_\_\_ Phone # : (     ) \_\_\_\_\_  
Firm: \_\_\_\_\_ Fax# : (     ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\_\_\_\_\_ P.E./L.S. # : \_\_\_\_\_

**6. DESCRIBE PROJECT'S SANITARY SEWER SCOPE:**

PLANS MUST SHOW all Existing AND Proposed sewer within the vicinity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. LIST PLANS and OTHER MATERIAL ACCOMPANYING APPLICATION and NUMBER of EACH:**

<u>ITEM</u>	<u>NUMBER/QUANTITY</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

**8. APPLICANT'S AGENT** (If Agent will be primary contact)

Name: \_\_\_\_\_ Phone # : (     ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax# : (     ) \_\_\_\_\_  
\_\_\_\_\_ e-mail: \_\_\_\_\_

**9. SIGNATURE of APPLICANT:** \_\_\_\_\_

**10. SIGNATURE of AGENT:** \_\_\_\_\_

MAKE ALL CHECKS PAYABLE to TOMS RIVER MUNICIPAL UTILITIES AUTHORITY

(BELOW FOR TRMUA USE)

Fee received by TRMUA: \_\_\_\_\_  
(Date) (Fee Paid)



# TOMS RIVER MUNICIPAL UTILITIES AUTHORITY TENTATIVE APPLICATION

340 West Water St.  
Toms River, NJ 08753  
(732)-240-3500  
Fax (732) 244-4691

## APPLICATION for TENTATIVE APPROVAL of SANITARY SEWERS and APPURTENANCES

THIS APPLICATION MUST BE ACCOMPANIED BY:

- FILING FEE - Fee shall equal 2 % of Proposed TOTAL PROJECT COST estimate  
(Attach EXHIBITs "K" & "L" - Subject to review by Authority Engineer)
- CONSTRUCTION PLANS (2 sets of 24" x 36")

Property Location			Area of ENTIRE TRACT
Block(s)	Lot(s)	Tax Map#	Area of Portion being Sewered

Tentative Application #
Date Received

**1. APPLICANT:** (See also item #s 11 & 13 where applicable)

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

**2. CURRENT PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

**3. Interest of APPLICANT, if APPLICANT is not CURRENT PROPERTY OWNER:**

\_\_\_\_\_

**4. DATE CLASSIFIED as MAJOR SUBDIVISION by SUBDIVISION COMMITTEE of PLANNING BOARD:**

\_\_\_\_\_

**5. DEVELOPMENT PLANS:**

- a. Sell lots only? (Yes or No) \_\_\_\_\_
- b. Construction houses for sale?(Yes or No) \_\_\_\_\_
- c. Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. PERSON DESIGNING PRELIMINARY PLAN:**

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Firm: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ P.E./L.S. #: \_\_\_\_\_

**7. DOES APPLICANT or OWNER AGREE to CONVEY to the TOMS RIVER MUA, by DEED, ALL SANITARY SEWER EASEMENTS and FACILITIES AS SHOWN on the PRELIMINARY PLANS, ALONG WITH ALL RIGHTS to the SEWER SYSTEM? YES \_\_\_\_\_ NO \_\_\_\_\_**

**8. DESCRIBE PROJECT'S SANITARY SEWER SCOPE:**

PLANS MUST SHOW all Existing AND Proposed sewer within the vicinity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. WILL APPLICANT POST PERFORMANCE BOND and MAINTENANCE BOND?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**10. LIST PLANS and OTHER MATERIAL ACCOMPANYING APPLICATION and NUMBER of EACH:**

<u>ITEM</u>	<u>NUMBER/QUANTITY</u>
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

**11. APPLICANT'S AGENT (If Agent will be primary contact)**

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

**12. SIGNATURE of APPLICANT:** \_\_\_\_\_

**13. SIGNATURE of AGENT:** \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE to TOMS RIVER MUNICIPAL UTILITIES AUTHORITY**

**(BELOW FOR TRMUA USE)**

Fee received by TRMUA: \_\_\_\_\_

(Date)

(Fee Paid)



# TOMS RIVER MUNICIPAL UTILITIES AUTHORITY FINAL APPLICATION

340 West Water St.  
Toms River, NJ 08753  
(732)-240-3500  
Fax (732) 244-4691

## APPLICATION for FINAL APPROVAL of SANITARY SEWERS and APPURTENANCES

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- FILING FEE - Fee shall equal 2 1/2% of Proposed TOTAL PROJECT COST estimate.  
(Attach EXHIBITs "K"& "L" - Subject to review by the Authority Engineer)
- INSPECTION FEE - Fee shall be per FEE SCHEDULE, or 5% of Proposed TOTAL PROJECT COST estimate.  
(whichever is greater)
- CONNECTION FEE - Fee shall be per FEE SCHEDULE.
- FINAL PLANS (2 sets of 24" x 36") and CONSTRUCTION SPECIFICATIONS

<b>FINAL Application #</b>
<b>Date Received</b>

Preliminary Application # : \_\_\_\_\_

Tentative Application # : \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**1. APPLICANT:** (See also item #s 9 & 11 where applicable)

Name: \_\_\_\_\_ Phone # : (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax# : (    ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

**2. CURRENT PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone # : (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax# : (    ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

**3. DOES the FINAL PLAN DESIGN DEVIATE FROM the PRELIMINARY PLAN?  
IF "YES", DESCRIBE CHANGES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. DATE FINAL PLAN FILED WITH TOMS RIVER TWP PLANNING BOARD:** \_\_\_\_\_

**5. # of LOTS PROPOSED for FINAL APPROVAL :** \_\_\_\_\_



6. LIST PLANS and OTHER MATERIAL ACCOMPANYING APPLICATION and NUMBER of EACH:

<u>ITEM</u>	<u>NUMBER/QUANTITY</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

7. ENGINEER'S COST ESTIMATE for ENTIRE PROJECT , INCLUDING EASEMENT ACQUISITION, AS-BUILT PLANS, etc. ( Attach EXHIBITs "K" & "L" )

\$ \_\_\_\_\_

8. ESTIMATE of NUMBER of DAYS REQUIRED to ENTIRELY COMPLETE PROJECT: \_\_\_\_\_

9. APPLICANT'S AGENT (If Agent will be primary contact)

Name: \_\_\_\_\_ Phone # : (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax# : (     ) \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

10. SIGNATURE of APPLICANT: \_\_\_\_\_

11. SIGNATURE of AGENT: \_\_\_\_\_

MAKE ALL CHECKS PAYABLE to TOMS RIVER MUNICIPAL UTILITIES AUTHORITY

(BELOW FOR TRMUA USE)

Fee received by TRMUA: \_\_\_\_\_

(Date)

\_\_\_\_\_

(Fee Paid)



# TOMS RIVER MUNICIPAL UTILITIES AUTHORITY REAPPROVAL APPLICATION

340 West Water St.  
Toms River, NJ 08753  
(732)-240-3500  
Fax (732) 244-4691

## APPLICATION for REAPPROVAL of SANITARY SEWERS and APPURTENANCES

THIS APPLICATION MUST BE ACCOMPANIED BY:

- A FILING FEE as per RATE SCHEDULE
- CONSTRUCTION PLANS (2 sets of 24" x 36")

<b>REAPPROVAL Application #</b>
<b>Date Received</b>

**1. APPLICANT:** (See also item #s 6 & 8 where applicable)

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**3. TRMUA FILE #:** \_\_\_\_\_ **DATE of LAST TRMUA APPROVAL:** \_\_\_\_\_

**4. REAPPROVAL REQUESTED:** \_\_\_\_\_ Prelim.  
\_\_\_\_\_ Tentative  
\_\_\_\_\_ Final

**5. LIST CHANGES in PROJECT SINCE PREVIOUS APPROVAL:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

USE OTHER SIDE FOR ADDITIONAL LISTING OF CHANGES

**6. APPLICANT'S AGENT** (If Agent will be primary contact)

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**7. SIGNATURE of APPLICANT:** \_\_\_\_\_

**8. SIGNATURE of AGENT:** \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE to TOMS RIVER MUNICIPAL UTILITIES AUTHORITY**

(BELOW FOR TRMUA USE)

Fee received by TRMUA: \_\_\_\_\_

(Date)

(Fee Paid)



# TOMS RIVER MUNICIPAL UTILITIES AUTHORITY CHANGE OF APPLICANT

340 West Water St.  
Toms River, NJ 08753  
(732)-240-3500  
Fax (732) 244-4691

APPLICATION MUST BE ACCOMPANIED BY A FILING FEE (Per RATE SCHEDULE) and PROOF OF CHANGE OF OWNERSHIP

Property Location		PROJECT NAME
Block(s)	Lot(s)	

TRMUA PROJECT #
Date Received

**1. PREVIOUS APPLICANT:**

Name: \_\_\_\_\_

**2. NEW APPLICANT:** (See also item #s 5 & 7 where applicable)

Name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

- ATTACH A COPY OF A COMPLETED/NOTARIZED TOMS RIVER TWP PLANNING BOARD DISCLOSURE FORM IF THE ABOVE IS A CORPORATION OR PARTNERSHIP.  FORM ATTACHED

**3. ATTACH PROOF OF CHANGE OF OWNERSHIP** (List Documents attached, e.g. Agreement of Sale, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**4. HAVE PREVIOUSLY PAID FEES BEEN ASSIGNED TO NEW APPLICANT?**

YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", LIST FEES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**METHOD USED TO TRANSFER FEES?** \_\_\_\_\_

**5. APPLICANT'S AGENT** (If Agent will be primary contact)

Name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax#: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**6. SIGNATURE of APPLICANT:** \_\_\_\_\_

**7. SIGNATURE of AGENT:** \_\_\_\_\_

MAKE ALL CHECKS PAYABLE to TOMS RIVER MUNICIPAL UTILITIES AUTHORITY

(BELOW FOR TRMUA USE)

Fee received by TRMUA: \_\_\_\_\_  
(Date)

\_\_\_\_\_ (Fee Paid)