The Jersey City Municipal Utilities Authority Application For Water Service 555 Route 440, Jersey City, NJ 07305 Tel:(201)-432-1150 Fax:(201)432-1576

Date:	ID#:	
Applicant Name:	Tel. No:	
Contact Person:	Cell No:	
Address:	Fax No:	
City, State, Zip:		
E-Mail Address:		
PROJECT/BU	ILDING INFORMAT	TION:
Name:		
Location: Block:		Lot:
Description:		
DOMESTIC DEMAND (In GPD, attach table show	ing calculation):	
FIRE DEMAND (In GPM, based on NFPA guidelin	nes):	
WATER	CONNECTION FEE:	
METER SIZE:		
See attached Appendix A of JCMUA Rules and Reg		
WATER CO	ONNECTION FEE:\$	
APP	LICATION FEE:	
Only applies to service lines 2" and larger:		
See attached Appendix A of JCMUA Rules and Reg	gulations for Meter Cap	acity Ratio
Meter Capacity Ration	o (EDU) x \$50.00/EDU	J = \$
	BUILT DEPOSIT:	
	l above $x $1000.00 = C$	
The as-built deposit will be returned to the applican		
Bureau of Water Engineering. If the Project requ		<u>•</u>
complete form titled Ap	*	ension instead.
	EES PAYABLE:\$	
Payment must be in the form of a bank che	· ·	1 1
	unicipal Utilities Autho	·
	T'S CERTIFICATION	
I certify that the information contain	1 **	is complete and accurate.
Name:	Signature:	
TITLE:	Date:	have received in full by the ICMIIA
Payment for the Water Connection Fee for the		been received in run by the JCMOA
On Behalf of JCMUA:	Date:	n conformance with ICMITA Delicies
I have reviewed these fees and site plans and find the	em to be accurate and i	
JCMUA Engineer:		Date: