

**The Jersey City Municipal Utilities Authority**  
**Application For Sewer Connection**  
**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/BUILDING INFORMATION:**

Name:

Location:	Block:	Lot:
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Description:

**SEWER CONNECTION FEE:**

RESIDENTIAL:

# of 1 bedroom units X \$1194.00/unit =	\$
# of 2 bedroom units X \$1791.00/unit =	\$
# of 3 bedroom units X \$2388.00/unit =	\$

OFFICE:

SF X 0.10 GAL/SF X 1 EDU/225 GAL X \$1791/EDU =	\$
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OTHER (Refer to attached Table 1)

DESCRIBE:

Charges Computed on Attached Table 1: =	\$
<b>Sewer Connection Fee: \$</b>	

**APPLICATION FEE:**

Total GPD /225 GPD per EDU X \$50.00 per EDU =	\$
(Maximum \$1500)	

**TOTAL FEES PAYABLE:\$**

Payment must be in the form of a bank check, certified check or money order made payable to the Jersey City Municipal Utilities Authority.

**APPLICANT'S CERTIFICATION:**

I certify that the information contained in this application is complete and accurate.

Name:	Signature:
TITLE:	Date:

Payment for the Connection Fee for the above application has been received in full by the JCMUA

On Behalf of JCMUA:	Date:
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I have reviewed these fees and site plans and find them to be accurate and in conformance with JCMUA Policies.

JCMUA Engineer:	Date:
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