

**FRANKLIN TOWNSHIP SEWERAGE AUTHORITY
APPLICATION FOR APPROVAL OF SEWERAGE FACILITIES**

BLOCK:		LOT:	
DATE:			
Application is hereby made for review of proposed sewer plans:			
1.	Applicant's Name:		
	Applicant's Address:		
	Phone No.:		
2.	Name and address of present owner (if other than No. 1 above):		
	Owner's Name:		
	Owner's Address:		
	Phone No.:		
3.	Interest of applicant (if other than Owner):		
4.	Location of project:		
5.	Is a TWA-1 Application required for this project?		
6.	Type of project (Residential, Commercial, Industrial, Other):		
7.	Residential a. Type of Structure 1) Single family house 2) Condominiums..... 3) Townhouses 4) Other b. Number of Units c. Anticipated sewage discharge (gpd)		
8.	Industrial (Effluent sample report forms are required to be completed for this application) a. Building Size (sf) b. Number of Employees c. Anticipated Sewer Discharge (gpd)		

**FRANKLIN TOWNSHIP SEWERAGE AUTHORITY
APPLICATION FOR APPROVAL OF SEWERAGE FACILITIES (CONT.)**

9.	<p>Commercial</p> <p>a. Proposed Building Use.....</p> <p>b. Building Size (sf).....</p> <p>c. Number of Employees.....</p> <p>d. Will the building be used for more than one purpose, such as office-warehouse.....</p> <p>e. Indicate square footage for each use.....</p> <p>f. Anticipated Sewer Discharge (gpd).....</p>								
10.	Name and profession of person designing project:								
	Name of Firm:								
	Address:								
	Phone:								
11.	Does applicant have title in order to convey by fee to the Authority easements to all curbs and rights to the sewerage facilities?								
12.	Does applicant have financial capacity to post performance bond and maintenance bond?								
13.	<p>List plans and other material accompanying application and number of each:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Item:</td> <td style="width: 40%;">Number:</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Item:	Number:						
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14.	<p>Include with this application a check in an amount calculated by completing the following table to defray the cost of initial review of the application package. Reference Prevailing Rates Table in Appendix F of this document. Complete all blanks. Enter zero as appropriate.</p> <p>A. _____ Residential Units x \$50.00 per unit =</p> <p>B. _____ Pumping Stations x \$2,000.00 per unit =</p> <p>C. _____ S.F. Commercial or Industrial x \$0.20 =</p> <p>D. TOTAL</p> <p style="text-align: center;">Initial escrow deposit is greater of \$500 or the TOTAL above.</p>								
15.	Signature:								
	Title:								