



HACKETTSTOWN MUNICIPAL UTILITIES AUTHORITY

424 Hurley Drive - P.O. Box 450

Hackettstown, NJ 07840

(908) 852-3622

CHANGE/INCREASE OF USE APPLICATION

I am requesting a CHANGE/INCREASE OF USE for WATER _____, and/or SEWER _____ utilities service for the project as detailed herein.

1. Name of Applicant _____

Street Address _____

City, State, and Zip code _____

Phone _____ Work Phone _____ E-mail _____

2. Interest of Applicant, if other than Owner _____

3. Name of Property Owner _____

Street Address _____

City, State, and Zip code _____

Phone _____ Work Phone _____ E-mail _____

4. **CHANGE OF USE:**

a. **Current/Prior Use:**

Description: _____

Number of Current Equivalent Dwelling Units (EDUs)*: WATER _____ SEWER _____

b. **Proposed Use:**

Description: _____

Number of Proposed EDUs*: WATER _____ SEWER _____

* Each single family dwelling, townhouse, condo or apartment – 1 EDU/unit.

Other Uses:

WATER - # of EDUs = GPD as per N.J.A.C. 7:10-12.6(b) divided by 300 GPD.

SEWER - # of EDUs = GPD as per N.J.A.C. 7:14A-23.3 divided by 300 GPD.

Application For Service – CHANGE OF USE

5. Applicant's Architect/Engineer (if applicable) _____
Street Address _____
City, State, and Zip code _____
Phone _____ Work Phone _____ E-mail _____

6. Submit the total additional Water and/or Sewer Connection Fees \$_____, if applicable.

Water Connection Fee - \$5,773.00 per EDU
Sewer Connection Fee - \$5,500.00 per EDU

APPLICATION CHECKLIST:

- A. _____ CHANGE OF USE APPLICATION Form
- B. _____ Payment for the total additional Water and/or Sewer Connection Fees in accordance with Item #6
- C. _____ SERVICE AGREEMENT Form

I have completed the Application and Checklist. I have considered the "Special Conditions of Issued Permits" which is contained in Section 104 of the Rules and Regulations For Water and Sewer Service of the HMUA and I am making this request for Final Approval with full understanding of the special conditions. I certify that the statements made by me in this application are true.

APPLICANT

(Signature)

Date: _____

(Printed Name and Title)

FOR HMUA USE ONLY:

FINAL APPROVAL

ACTION BY HMUA: Approved _____ Disapproved _____

Reasons for Disapproval: _____

Date: _____

Signature: _____

Title: _____