

**TOWNSHIP OF OCEAN SEWERAGE AUTHORITY**  
**224 ROOSEVELT AVENUE**  
**OAKHURST, NEW JERSEY 07755**  
**732-531-2213**  
**732-531-7304 (fax)**

FINAL APPLICATION

This Application and any supporting documents must be filed in duplicate with checks equal to Five Hundred Dollars (\$500) plus Ten Dollars (\$10) per service unit plus One Thousand Dollars (\$1,000) for design fee escrow, all payable to "Township of Ocean Sewerage Authority".

Date Received \_\_\_\_\_

Application No. \_\_\_\_\_

1. Project Name \_\_\_\_\_

Address \_\_\_\_\_

Block \_\_\_\_\_ Lots \_\_\_\_\_

2. PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Does the Final Plan follow the Preliminary Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please indicate changes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Date of filing Final Plan with the Township of Ocean Planning Board \_\_\_\_\_

Date: 05/06/20

5. List maps and other material accompanying this Application and number of copies of each

ITEM	NO. OF COPIES
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

6. Applicant's engineer's estimate of entire cost of construction including rights-of-way, inspection and as-built plans \$ \_\_\_\_\_

7. Number of calendar days after final approval granted by Authority estimated for completion of job \_\_\_\_\_

Applicant's signature \_\_\_\_\_  
(If applicant is not owner, attach authorization from owner for application)

Sworn and subscribed to  
before me this      day  
of

\_\_\_\_\_

Date: 05/06/20