

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

PRELIMINARY APPLICATION

This Application and any supporting documents must be filed in duplicate with checks in the amount of Two Hundred Dollars (\$200.00) plus One Thousand Dollars (\$1,000) for design review fee escrow, both 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. PROJECT ENGINEER

Name \_\_\_\_\_

Address \_\_\_\_\_

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

4. Description of Project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: 05/05/20

5. Building Description

a. Total square feet in each building

Building	Square Feet
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

b. Number of Showers \_\_\_\_\_

c. Number of Kitchens \_\_\_\_\_

d. Number of Bathrooms \_\_\_\_\_

e. Number of Units, if lodging facility \_\_\_\_\_

f. Number of seats, if restaurant or bar \_\_\_\_\_

g. Maximum no. of Employees on premises \_\_\_\_\_

6. Projected daily flow \_\_\_\_\_

7. Attach three (3) copies of Preliminary Plan and any approvals from Ocean Township Planning Board.

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

Sworn and subscribed to  
before me this      day  
of

\_\_\_\_\_

Date: 05/05/20