

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

TENTATIVE 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 _____

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