



JERSEY CITY MUNICIPAL UTILITIES AUTHORITY

555 ROUTE 440, JERSEY CITY, NEW JERSEY 07305

PHONE: 201-209-0319 www.JCMUA.com FAX: 201-432-3795

APPLICATION FOR SEWER CONNECTION

Date:		JCMUA Project #:	
Applicant Name:		Tel. No:	
Contact Person:		Cell No:	
Address:		Fax No:	
City, State, Zip:			
E-Mail Address:			
PROJECT/BUILDING INFORMATION:			
Name:			
Location:	Block:	Lot:	
Description:			
SEWER CONNECTION FEE:			
RESIDENTIAL:			
	# of 1-bedroom units X \$1194.00/unit = \$		
	# of 2-bedroom units X \$1791.00/unit = \$		
	# of 3-bedroom units X \$2388.00/unit = \$		
OFFICE / RETAIL: SF X 0.10 GAL/SF X 1 EDU/225-GAL X \$1791/EDU = \$			
OTHER (Refer to attached Table 1)			
DESCRIBE:			
Charges Computed on Attached Table 1: = \$			
Sewer Connection Fee: \$			
APPLICATION FEE:			
Total GPD		/225 GPD per EDU X \$50.00 per EDU = \$	
(Maximum \$1500)			
TOTAL FEES PAYABLE: \$			
Payment must be in the form of a bank check, certified check or money order made payable to the Jersey City Municipal Utilities Authority.			
APPLICANT'S CERTIFICATION:			
I certify that the information contained in this application is complete and accurate.			
Name:		Signature:	
TITLE:		Date:	
Payment for the Connection Fee for the above application has been received in full by the JCMUA			
On Behalf of JCMUA:		Date:	
I have reviewed these fees and site plans and find them to be accurate and in conformance with JCMUA Policies.			
JCMUA Engineer:			Date: