

## INSPECTION & COMPLIANCE BUREAU CONNECTIONS UNIT

## MUNICIPAL REFERRAL FORM

In accordance with 602.6 of the PVSC Rules and Regulations (R&R), any person seeking to connect to the sewer or change the operation of an existing connection must fill out this form. This form must be filled out completely and faxed to PVSC at (973) 466-2712 at the close of each business day (PVSC

R&R 602.7). For help with this form please contact the Connections Unit at (973) 817 5706 or the PVSC Inspector (card attached)

Municipality: Township of Kearny Address: 402 Kearny Ave. (Please Print Neatly; This is Where Your Approval Letter Will be Mailed) 1.) Applicant Information: Name: **Contact:** Address: City: **State: Zip Code: Phone:** E-mail: Fax: 2.) Property Owner Information: (If Different From #1, Please Print Neatly) SAME AS ABOVE I Name: **Contact:** Address: City: State: **Zip Code: Phone:** E-mail: Fax: 3.) Project Information (Please Print Neatly) Address: Unit #: Floor #: State: NJ Zip Code: City: Kearny **Block:** Lot: **Project Description:** Submitted by: (Signature) (Print name) (Date) To be filled out by PVSC Personnel Only: Change of Use/Operation/Tenant U No Connection New Build Knockdown / Rebuild Renovation or Addition Public Project Out of District Commercial Affordable Housing Fire Rehabilitation Residential Industrial Confirmed Active Use Other Review No Fee Connection Fee CO / CCO For Changes in Use / Operation: Referred to: Category Existing Proposed Net Category Existing Proposed Net SF of Retail or Office Space Number of Dwelling Units 3 15 20 35 50 # of 1 Bedroom Units Seats # of 2 Bedroom Units Students/Employees # of 3 Bedroom Units or Larger Other 501C3: Yes ☐ No ☐ Increase/ Decrease in Gallons Per Day (GPD): Age Restricted: Yes ☐No ☐ Reviewed by: Construction Official: \_ (Signature) (Print name) (Date) **PVSC** Inspector: (Signature) (Print name) (Date) **PVSC Supervisor:** (Signature) (Print name) (Date)