

Borough of Watchung

BOARD OF HEALTH



APPLICATION TO ALTER OR REPAIR SEWAGE DISPOSAL SYSTEM Plan Review

Name of Owner: _____

Address: _____ Phone: _____

Block No. _____ Lot No. _____

Contractor: _____ Phone: _____

Engineer: _____

Please submit three (3) copies of Engineer's Drawings and soil logs if applicable.

All proposed alterations should be discussed with and approved by the Health Officer or his designee prior to construction.

FEE SCHEDULE:

<u>PERMIT TO ALTER SYSTEM;</u>	\$150.00
<u>PERMIT TO REPAIR SYSTEM;</u>	\$ 75.00
<u>PERMIT TO PUMP PRIOR TO ALTER/REPAIR;</u>	\$ 5.00
<u>FAILURE TO NOTIFY CANCELLATION OF AN INSPECTION:</u>	\$100.00
ADMINISTRATIVE FEE	\$ <u>5.00</u>
TOTAL FEE PAID	\$ _____

(Please make check payable to the Borough of Watchung)
Submit to: 15 Mountain Boulevard, Watchung, NJ 07069

PERMIT NO. _____

ISSUED ON _____ BY _____