

Connection Program Project Referral BCUA REFERRAL#

CUA use only

Inspector: John Mitchell (201)-819-6015

In accordance with Article X Rules and Regulations, any person seeking to connect to the sewer or change the operation of an existing connection must complete this form. This form must be completed in its entirety and faxed to BCUA at (201)-807-8640. For assistance please contact, Nina Soto (201)-807-8677 or the Inspector listed below.

Municipality: Contact:							
Street Address:			Pł	none#: Date:			
I certify that the information provided below is accurate Municipal Signature							
1. Applicant Information (Please Print Neatly This is Where Your Approval Letter Will Be Mailed)							
Name:	Contact:						
Address:							
City:				State:	Zip Code:		
Phone:	Fax: E-mail:						
Owner Information (If Different From #1) (Please Print Neatly)							
Name:	: Contact:						
Address:							
City:				State:	Zip Code:		
Phone:	Fax:			E-mail:			
3. Project Information (Please Print Neatly)							
Address:							
City:	Zip Code:			Block :	Lot:		
Project Description:							
New Build Knockdown/Rebuild Renovation Addition							
Residential			1	Commercial			
Category	Existing Bedrooms	Proposed Bedrooms		Category	Existing	Proposed	
One family			†	Retail/Office/Sq ft			
Multi-Family	Existing	Proposed	†	Restaurant/Seats			
# of 1 Bedrooms			1	School/Students			
# of 2 Bedrooms			1	Warehouse/Employees			
# of 3 Bedrooms			1	Misc.			
BCUA USE ONLY							
Reviewed By: BCUA Supervisor:							
Action:							