

**TOWNSHIP OF OCEAN SEWERAGE AUTHORITY
224 ROOSEVELT AVENUE
OAKHURST, NEW JERSEY 07755
732-531-2213
732-5170-0695 (fax)**

**TENTATIVE APPLICATION
FOR
COMMERCIAL OR MULTI-FAMILY USE**

This Application and any supporting documents must be filed in duplicate with a check equal to 1.5% of the estimated cost of construction as determined by the Authority's engineer, payable to "Township of Ocean Sewerage Authority" (the minimum filing fee is \$200.00)

Date Received _____

Application No. _____

1. Project Name _____

Address _____

Block _____ Lots _____

2. PROPERTY OWNER

Name _____

Address _____

Phone _____ Email _____

3. PROJECT ENGINEER

Name _____

Address _____

Phone _____ Fax _____ Email _____

4. Description of Project _____

Date: 12/1/10

5. Building Description

a. Total square feet in each building

Building	Square Feet
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

- b. Number of Showers _____
- c. Number of Kitchens _____
- d. Number of Bathrooms _____
- e. Number of Units, if lodging facility _____
- f. Number of seats, if restaurant or bar _____
- g. Maximum no. of Employees on premises _____

6. Projected daily flow _____

7. Attach three (3) copies of Preliminary Plan and any approvals from Ocean Township Planning Board.

Applicant's signature _____
(If applicant is not owner, attach authorization from owner for application)

Sworn and subscribed to
before me this day
of

Date: 12/1/10