Township of Mahwah

HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733
MAHWAH, NJ 07430

PHONE: 201-529-5757, EXT. 2
FAX: 201-529-8013

LICENSE # 2026- _____

FEE PAID: _____

RECEIPT NO: _____

BOND EXPIRES: _____

APPROVED BY: _____

LICENSE MAILED: _____

APPLICATION FOR SEPTIC LICENSE ☐ **New Applicant** ☐ **Renewal**

TYPE: ☐ **INSTALLER** ☐ **PUMPER** ☐ **BOTH**

FEE: $150.00 + $25,000.00 Performance Bond
(Bond required to install, repair or alter)

Business Name _____

Business Address _____

Business Phone_____ Cell Phone_____

Business Email_____

New Jersey State Contractor's Registration # _____

Owner's Name _____

Home Address_____

Home Phone _____ Cell Phone_____

Email _____

The undersigned hereby applies for a license to construct, install, alter or maintain individual subsurface sewage disposal systems in accordance with NJAC 7:9A and BH:15-2.

SIGNATURE OF APPLICANT _____

DATE _____

ALL LICENSES EXPIRE DECEMBER 31ST OF EACH YEAR

NOTE: BOND SHOULD BE VALID THROUGH DECEMBER 31ST OF LICENSING YEAR. PLEASE ENCLOSE ORIGINAL CERTIFICATE.