

**Borough of Lindenwold Sewer Department
Sewer Connection Application**

CONNECTION FEE OF \$2600 PER UNIT IS TO BE PAID WITH APPLICATION VIA CERTIFIED CHECK, MONEY ORDER UNDER NO CIRCUMSTANCES WILL CASH, PERSONAL CHECK, OR BUSINESS CHECK BE ACCEPTED.

Name of Applicant: _____

Mailing Address of Applicant: _____

Property Location/Address: _____

Block: _____ Lot: _____

Type of Dwelling: (Please Check Box) Residential ☐ Commercial ☐

Residential Type: (Please Check Box) Single Family ☐ Duplex ☐ Other ☐

Commercial Type: (Please Check Box) Tavern ☐ Restaurant ☐ Industrial/Other ☐

If Other (Please Explain):

Contractor Name: _____ Contractor Phone: _____

Contractor Address: _____

Plumber Name: _____ Plumbing License #: _____

Plumber Address: _____

Number of Bathrooms: _____

Size of Building (Square Feet): _____ Projected Flow: _____

*******NOTE***** APPLICANT MUST HAVE A LETTER FROM THE BOROUGH OF LINDENWOLD PLANNING AND ZONING BOARD INDICATING PROPERTY CONFORMS WITH THE BOROUGH OF LINDENWOLD REGULATIONS.**

Date of Application: _____

Signature of Applicant: _____

_____ (OFFICAL USE ONLY) _____

Application reviewed by Superintendent: (Please Check if Reviewed) ☐ Date Reviewed: _____

(Please Check Box) Approved ☐ Denied ☐ Reason for Denial: _____

Date Approved: _____ Superintendent Signature: _____