Borough of
Caldwell Sewer
Department

80 Bloomfield Avenue • Caldwell, NJ 07006 • 973-226-6100 ·Fax 973-403-1355

Date: ___/___/_____ Block: _____ Lot: _____

Permit No: _____ Work Site Address: _____

Owner's Name: _____

Mailing Address: _____

Plumber:_____

To be filled out by plumber upon completion

Sewer enters house: Front Rear Left Side Right Side

_____Feet From East West North South Corner

Lineal Feet: _____ Size: _____

Number of Cleanouts: _____

Number of Manholes: _____

Number of Wyes: _____

Distance from House to 1st Cleanout: _____

Distance from 1st Cleanout to 2nd Cleanout: _____

DRAW SKETCH ON REVERSE SIDE

I hereby certify that the house connection from the street to the curb was clear and unobstructed upon completion and further certify that the septic tank (if applicable) has been pumped out and filled as required by NJ State Code und local ordinance.

_____ _____

Plumber or Applicant Date

Local Permit: _____
Sewer Utility Permit: _____
Issuance Date: _____
Expiration Date: _____

Applicant/Owner:

Name: _____

Mailing Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Site Information:

Block: _____ Lot: _____

Street Address: _____

Municipality: _____

Contractor: _____Telephone Number: _____

_____ Part of Project (CP-1 No.)_____
_____ Single Connection
_____ Growth Reserve _____ Committed _____ First Come / First Serve
_____ Septic (Septic Reserve connections require municipal certification of need for relief from septic service and date of C.O.)
_____ Wetlands (if yes, Grant waiver is required for properties with C. O.'s issued after 11/29/83)

Structure:

_____ Exiting ____ New
_____ Single Family _____ Multiple Family (# of Families_____)
_____ Townhouse _____ # of Bedrooms
_____ Apartment _____ # of Bedrooms
_____ Additions (Remarks: _____)
_____ Commercial _____ Sq. Ft. (Remarks :_____)
_____ Industrial _____Sq. Ft. (Remarks :_____)

Industrial connections are subject Industrial Pretreatment Program Regulations

DO NOT WRITE BELOW THIS LINE

Gallonage GPD

Municipal Authorization

Caldwell Sewer Utility Authorization

_____ _____ Signature Date:
Signature: Date: Fee Check#