TOWNSHIP OF MENDHAM
Health Department
P.O. Box 520, 2 West Main Street
Brookside, NJ 07926

Application for Certificate of Continued Use

Of an Existing Individual Subsurface Sewage Disposal System

DATE:	ADDRESS:	BLOCK:	LOT:
OWNER/APPLICANT:			
MAILING ADDRESS: (if different than above)			
CITY:	STATE:	ZIP:	
PHONE:	E-MAIL:		
TYPE OF HOME: ☐ Single Family ☐ Two-Family ☐ 3+ Family # of Bedrooms:_____			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

☐Yes ☐No Any Accessory Dwellings? Please describe:_____
☐Yes ☐No Finished Basement?
☐Yes ☐No Ejector Pump?

CONTACT PERSON: ☐ OWNER **OR** ☐ AGENT	
AGENT:	
ADDRESS:	
PHONE:	E-MAIL:
CERTIFICATE TO BE: ☐ Mailed ☐Picked Up ☐E-mailed	

PLEASE INCLUDE THE FOLLOWING ITEMS WHEN SUBMITTING:

☐ A check for $45.00 made payable to the Township of Mendham
☐ A copy of the real estate listing
☐ A copy of the septic inspection report with Appendix F per N.J.A.C. 7:9A- 12.6
CLOSING DATE:_____

Please be advised that submission of the above does not guarantee the issuance of a Certificate of Continued Use. A representative of the Board of Health will be in contact with you regarding any items that need to be addressed to receive the certificate or provide alternative options.

I hereby certify that I am the agent/owner of record and am authorized to make this application. I hereby affirm that all of the statements above herewith are true.

_____ _____
Signature Date

For Department Use Only	
DATE RECEIVED:	RECEIPT #:
CERTIFICATE: ☐ Issued ☐ Repair Needed, COC Attached Date of Repair:_____ ☐ Other	