



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888

**APPLICATION FOR PERMIT TO LOCATE, CONSTRUCT OR ALTER AN
INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

APPLICATION FEE \$50.00

This application is to be filled out and submitted at least 5 business days in advance in duplicate, together with two plot plans or prints of same, fulfilling the requirements for septic tank and field construction as set forth in an ordinance designated as the "Individual Sewage Disposal System Code" of the Board of Health, for the Township of Berkeley Heights, as revised December 19, 1956. The following information is to be answered in printed form, except where signatures are required.

APPLICATION FOR (CHECK ONE):

CONSTRUCT NEW SYSTEM

ALTER EXISTING SYSTEM

REMOVE OR CLOSE OUT EMPTIED SYSTEM

DATE AND TIME WORK TO BE PERFORMED: _____

LOCATION: _____

NUMBER AND STREET

BLOCK: _____ LOT: _____

OWNER'S ADDRESS: _____ PHONE #: _____

NAME AND ADDRESS OF CONTRACTOR: _____

OWNER'S SIGNATURE: _____ PHONE #: _____

TYPE OF BUILDING TO BE SERVED: _____ USE.

ANNUALLY: _____ SUMMER: _____ DWELLING UNIT: _____

OF BEDROOMS: _____

EXPANSION ATTIC: _____ Yes _____ No

OTHER TYPE OF BUILDING: _____



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SIZE OF LOT AREA: _____ SQUARE FEET: _____

TYPE OF ROAD: _____ WATER SUPPLY: _____

Approved for use of individual septic tank system subject to the condition that the minimum seepage area per bedroom (in square feet) shall be _____

And the following conditions _____

SIGNATURE: _____

TITLE: _____

DATE: _____

NOTE: The content of the tank containing human excrement shall not be removed until a permit for such removal has been obtained from the Board of Health.

NOTE: Your application will NOT be processed until payment is received.

Return your completed application, along with check (made payable to "*Township of Berkeley Heights*") to:

**Board of Health
Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922**

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval

Payment Received _____

 o Amount \$ _____

 o Check # _____

_____ Health Officer