



# Township of Ocean

Department of Utilities Billing Department

609 693-3302 ext.232

609 242-8672 - fax

Review Application No. \_\_\_\_\_

Exhibit C

## Application for Review of FINAL PLANS for WATER/SEWER\* SYSTEM FACILITIES

An original and two (2) copies of this application must be filed with the Township of Ocean and shall be accompanied by a review and inspection fees determined in accordance with the Township of Ocean's current Fee Schedule.

Application is hereby made for review and approval of final plans for the construction of water/sewer\* system facilities.

1. Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name and address of present owner (if other than #1 above).  
\_\_\_\_\_

3. Location of Proposed Construction:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street) (Tax Map Block) (Tax Map Lots)

4. Number of Proposed Units to be served \_\_\_\_\_

5. Name and profession of person designing plans:  
Name \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

6. Description of Use: \_\_\_\_\_

Commercial Units: \_\_\_\_\_

Industrial Units: \_\_\_\_\_

Residential Units: \_\_\_\_\_



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7. Does applicant have title in order to convey by fee to the Township of Ocean, easements to all areas showing water/sewer\* system facilities and all rights to the water/sewer\* system facilities?

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8. Describe the proposed water/sewer\* system facilities \_\_\_\_\_

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9. List plans and other supporting data accompanying this application:

- a.) \_\_\_\_\_
- b.) \_\_\_\_\_
- c.) \_\_\_\_\_
- d.) \_\_\_\_\_
- e.) \_\_\_\_\_
- f.) \_\_\_\_\_

10. Preliminary Application No. \_\_\_\_\_

Date Approved: \_\_\_\_\_

11. Does the final plan follow exactly the preliminary plans approved by the Township of Ocean?

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If not, indicate changes:

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12. Date of filing final plan with the Township Planning Board/Board of Adjustments: \_\_\_\_\_

13. Calendar days required to complete the entire project, after approval is granted: \_\_\_\_\_

14. Applicant Engineer's estimate of entire construction costs, including as-built plans: \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_