

**Bordentown Sewerage Authority
P.O. Box 396
954 Farnsworth Avenue
Bordentown, New Jersey 08505
(609) 291-9105**

Permit # _____

Enclosed please find a check made payable to the Bordentown Sewerage Authority in the amount of \$_____, which represents payment in full of the sewerage connection fee for the following unit for which a sewer permit is hereby requested at this time:

Name of Development/Property Owner: _____

Street Address: _____

Block Number: _____ Lot Number: _____

I understand that the sewer permit shall be valid for a period of twenty-four (24) months from the date of issue. I submit this request for a sewer permit with full understanding of the special conditions attached to sewer permits, which are contained in Section 201 of the Rules and Regulations of the BSA, including the requirement that physical connection (as defined in the Rules and Regulations) of the property to the sewerage system be made within the twenty-four (24) month period.

Name of Applicant: _____

Address: _____

Telephone Number: _____

Date: _____ Signature: _____

Typed Name: _____

ACTION BY THE BORDENTOWN SEWERAGE AUTHORITY: Approved: _____

Date of Issue: _____ Expiration Date: _____

Disapproved: _____ Reason for Disapproval: _____

Date: _____ Signature: _____

BSA Representative