

S-4 Permit Number: \_\_\_\_\_

**THE BORDENTOWN SEWERAGE AUTHORITY**  
954 Farnsworth Avenue  
Post Office Box 396  
Bordentown, New Jersey 08505  
(609) 291-9105

**REVOCABLE SEWER CONNECTION PERMIT**

**REQUEST FOR REVOCABLE CONNECTION SEWER PERMIT:**

Enclosed is a check made payable to The Bordentown Sewerage Authority in the amount of \$ \_\_\_\_\_, which represents a payment of forty (40%) percent of the preliminary connection fee for the following unit:

Name of Development: \_\_\_\_\_

Section Number: \_\_\_\_\_

Block Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

I understand that this Revocable Connection Sewer Permit ("Permit") shall be valid for a period of twenty-four (24) months from the date of issue. I submit this request for this 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. I confirm my obligation to comply with all terms and conditions of my Deferred Connection Fee Agreement ("Agreement") with the Authority. I specifically confirm my obligation to pay the balance of the preliminary connection fee for the unit at the rate of five (5%) per month of the unpaid balance of the connection fee, plus interest calculated at the rate of one (1% per) percent per month on the unpaid balance of the connection fee, for twelve (12) consecutive months beginning thirty (30) days following the issuance of this Permit. I understand and agree that a.) if I fail to make any such payments when due, this Permit shall be revoked by the Authority, the Construction Official shall issue a "stop-work" order for the unit, and the Authority shall be entitled to such other relief as provided in the Agreement; and b.) the connection fee for the unit shall be paid in full prior to the issuance of a Certificate of Occupancy.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
(Type or Print Name and Title)

**FOR BSA USE ONLY:**

**ACTION BY THE BORDENTOWN SEWERAGE AUTHORITY:**

<b>APPROVED:</b>	<b>DISSAPPROVED:</b>
Date of Issue:	Reasons:
Expiration Date:	

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Executive Director