



INSPECTION & COMPLIANCE BUREAU

CONNECTIONS UNIT

MUNICIPAL REFERRAL FORM

In accordance with 602.6 of the PVSC Rules and Regulations (R&R), any person seeking to connect to the municipal sewer or change the operation of an existing connection must fill out this form. This form must be filled out completely and handed into the municipality OR faxed to PVSC at (973) 466-2712 at the close of each business day (PVSC R&R 602.7). For help with this form please contact the Connections Unit at (973) 817 5706 or the PVSC Inspector

1.) Applicant Information: *(Please Print Neatly; This is Where Your Approval Letter Will be Mailed)*

Name:		Contact:
Address: <i>Street Addresses only, No P.O Boxes accepted</i>		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

2.) Property Owner Information: *(If Different From #1, Please Print Neatly) SAME AS ABOVE []*

Name:		Contact:
Address: <i>Street Addresses only, No P.O Boxes accepted</i>		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

3.) Project Information *(Please Print Neatly)*

Address:		Unit #:	Floor # :	
City:	State: NJ	Zip Code:	Block:	Lot:
Project Description:				

Submitted by: _____
(Signature) (Print name) (Date)

To be filled out by PVSC Personnel Only:

New Build	<input type="checkbox"/>	Knockdown / Rebuild	<input type="checkbox"/>	Renovation or Addition	<input type="checkbox"/>	Public Project	<input type="checkbox"/>	Change of Use/Operation/Tenant	<input type="checkbox"/>	No Connection	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Out of District	<input type="checkbox"/>	Fire Rehabilitation	<input type="checkbox"/>
Review No Fee	<input type="checkbox"/>	Connection Fee	<input type="checkbox"/>	CO / CCO	_____	Confirmed Active Use	<input type="checkbox"/>	Other	_____		<input type="checkbox"/>

For Changes in Use / Operation:

Referred to: _____

Category	Existing	Proposed	Net	Category	Existing	Proposed	Net
Number of Dwelling Units				SF of Retail or Office Space			
# of 1 Bedroom Units				Seats 3 15 20 35 50			
# of 2 Bedroom Units				Students/Employees			
# of 3 Bedroom Units or Larger				Other			

Age Restricted: Yes ☐ No ☐ 501C3: Yes ☐ No ☐ Increase/ Decrease in Gallons Per Day (GPD) : _____

Reviewed by:

Construction Official: _____
(Signature) (Print name) (Date)

PVSC Inspector: _____
(Signature) (Print name) (Date)

PVSC Supervisor: _____
(Signature) (Print name) (Date)