Local Permit # _____ Fee: $125.00 payable to Colts Neck Township

TOWNSHIP OF COLTS NECK
Colts Neck Health Department
124 Cedar Drive, Colts Neck, New Jersey 07722
Phone: 732-462-5470 Fax: 732-431-3173

Application for the REPAIR of an Individual Sewage Disposal System

Date: _____

LOCATION OF PROPOSED WORK:

ADDRESS: _____ BLOCK: _____ LOT: _____
PROPERTY OWNER: _____
PHONE: _____

TYPE OF BUILDING:

RESIDENTIAL: _____ COMMERCIAL: _____ OTHER: _____
NUMBER OF BEDROOMS: _____ GARBAGE DISPOSAL: YES _____ NO _____

CONTRACTORS INFORMATION:

NAME OF CONTRACTOR CONDUCTING WORK: _____
ADDRESS OF CONTRACTOR: _____
TELEPHONE NUMBER OF CONTRACTOR: _____

PROVIDE A DETAILED DESCRIPTION OF THE TYPE OF WORK PROPOSED: _____
_____
_____
_____

LIST ALL COMPONENTS TO BE REPAIRED AND/OR REPLACED. INCLUDE MANUFACTURER'S NAME, SIZE OF COMPONENT AND ANY OTHER PERTINENT SPECIFICATION INFORMATION (ex. Septic tank – Mershon: 1,500 gallon 2 compartment; concrete reinforced)

_____
_____
_____
_____

ON BACK SKETCH THE PROPERTY TO BE SERVED SHOWING THE FOLLOWING:

1. Location of structure
2. Location of septic system components (including connecting lines)
3. Approximate well location(s)
4. Location of proposed work

The undersigned agrees to conduct all work in accordance with the provisions included in N.J.S.A. 7:9A as well as any other Township Requirements

_____ _____
Signature of Contractor Date