

**TOWNSHIP OF OCEAN SEWERAGE AUTHORITY  
224 ROOSEVELT AVENUE  
OAKHURST, NEW JERSEY 07755  
732-531-2213  
732-5170-0695 (fax)**

**PRELIMINARY APPLICATION  
FOR  
COMMERCIAL OR MULTI-FAMILY USE**

This Application and any supporting documents must be filed in duplicate with a check in the amount of \$200.00, payable to "Township of Ocean Sewerage Authority" (the minimum filing fee)

Date Received \_\_\_\_\_

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

1. Project Name \_\_\_\_\_

Address \_\_\_\_\_

Block \_\_\_\_\_ Lots \_\_\_\_\_

2. PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. PROJECT ENGINEER

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

4. Description of Project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 12/1/10

5. Building Description

a. Total square feet in each building

Building	Square Feet
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

- b. Number of Showers \_\_\_\_\_
- c. Number of Kitchens \_\_\_\_\_
- d. Number of Bathrooms \_\_\_\_\_
- e. Number of Units, if lodging facility \_\_\_\_\_
- f. Number of seats, if restaurant or bar \_\_\_\_\_
- g. Maximum no. of Employees on premises \_\_\_\_\_

6. Projected daily flow \_\_\_\_\_

7. Attach three (3) copies of Preliminary Plan and any approvals from Ocean Township Planning Board.

Applicant's signature \_\_\_\_\_  
(If applicant is not owner, attach authorization from owner for application)

Sworn and subscribed to  
before me this      day  
of

\_\_\_\_\_

Date: 12/1/10