



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number: _____

Permit Year: _____

Payment Amount: _____

APPLICATION TO ALTER OR REPAIR SEWAGE DISPOSAL SYSTEM PLAN REVIEW

Name of Owner: _____

Address: _____

Phone: _____ Email: _____

Block: _____ Lot: _____

Contractor: _____ Phone: _____

Engineer: _____

Please Submit Three (3) Copies of Engineer's Drawings and Soil Logs If Applicable.

All Proposed Alterations Should Be Discussed with And Approved by The Health Officer or Their Designee Prior To Construction.

FEE SCHEDULE:

\$ 150.00	Permit to Alter System:	\$ _____
\$ 75.00	Permit to Repair System:	\$ _____
\$ 5.00	Permit to Pump Prior To Alter/Repair:	\$ _____
\$ 5.00	Application Review Fee:	\$ 5.00 _____
\$100.00	Failure to Notify Cancellation of An Inspection:	\$ _____

Total Due: \$ _____

(Checks Payable to The Borough of Watchung)

Application Approved By: _____

Date Approved: _____

Kevin Sumner, Health Officer (732) 968-5151
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Permits/Applications www.watchungnj.com