



# Borough of Watchung

BOARD OF HEALTH

**For Office Use Only**

License Number: \_\_\_\_\_

License Year: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

**NEW APPLICATION**

**ADVANCED WASTEWATER TREATMENT  
OR DISPOSAL TECHNOLOGY**

**FEE SCHEDULE:**

**\$ 100.00** Application and Plans for Permit to Alter System: \$ \_\_\_\_\_

**\$ 75.00** Design or Plan Review (Per Lot): \$ \_\_\_\_\_

**\$ 100.00** License Fee: \$ \_\_\_\_\_

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**Total Due:** \$ \_\_\_\_\_

(Checks Payable to The Borough of Watchung)

**RENEWAL DATE: JANUARY 1<sup>ST</sup> (of every year)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Applicant Phone and Email: \_\_\_\_\_

Type of System: \_\_\_\_\_

Installed By: \_\_\_\_\_

Installer Phone and Email: \_\_\_\_\_

Installer Business Address: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Property Address of Installation: \_\_\_\_\_

Application Approved by Inspector: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)