

COMMERCIAL SANITARY SEWER PERMIT APPLICATION

Township of Hamilton Water Pollution Control
300 Hobson Avenue, Hamilton, NJ 08610
609-581-4140

APPLICATION MUST BE ACCOMPANIED BY FLOOR PLANS, PLUMBING DETAILS or SITE PLANS

Applicant/Owner:

Telephone #:

Permanent Legal Address:

Project Address:

Project Block:

Project Lot:

Total Square Footage:

Is this project:

Existing Building

New Construction

If existing, will there be an increase in square footage?

Yes

No

Increase

Current (or previous) use of building:

Proposed use of building:

Briefly describe the construction that will be undertaken by this project:

Please check Yes or No for each below:

Medical or health activity

Yes

No

Restaurant* (i.e. preparation, sale or handling of food)

Yes

No

If yes, installation of an external 750 gallon minimum grease trap is required

*must attach specifications/details of grease trap system

Cleaning or laundering of clothing or dry goods

Yes

No

Personal care (i.e. beauty salon, barber, massage, etc...)

Yes

No

If yes, how many pedicure chairs/stations*

*must attach manufacturer specifications

School, day care, instruction or similar activity

Yes

No

Recreation, entertainment, assembly (i.e. religious, clubs, associations, etc...)

Yes

No

Did the proposed project require approval by either the Township Planning or Zoning Boards?

Yes

No

Plumbing permit required for this project:

Yes

No

Existing

New Addition

Number of bathrooms

Number of sinks not in the bathrooms

Number of employees

Number of employee lockers

Number of washing machines*

*must attach manufacturer specifications

Number of kitchen facilities

Number of showers

Applicant/Owner Signature

Date

FOR W.P.C. USE ONLY

Offsite Impact:

_____ Yes

_____ No

Permit #: _____

Dated: _____

Check #: _____

Dated: _____

Signature of Reviewer

Date