

Jeffrey S. Martin
Mayor



Public Health
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director
Chris Hellwig, Health Officer

TOWNSHIP OF HAMILTON

DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

PLAN REVIEW APPLICATION FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS

TYPE OF PERMIT NEEDED: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration / Malfunction <input type="checkbox"/> Repair	FEE SCHEDULE: <input type="checkbox"/> New Construction - \$500 <input type="checkbox"/> Alteration / Malfunction - \$250 <input type="checkbox"/> Repair - \$150
TYPE OF FACILITY: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial / Institutional (Specific Type) _____	
TYPE OF WASTE DISCHARGED: <input type="checkbox"/> Sanitary Sewage <input type="checkbox"/> Industrial Waste <input type="checkbox"/> Other (Specific Type) _____	
WATER SUPPLY: <input type="checkbox"/> Private / Well <input type="checkbox"/> Public / Municipal	

PROPERTY INFORMATION

Address:	Zip:	Block:	Lot:
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OWNER INFORMATION

Name of owner:			
Address:	City:	State:	Zip:
Email:	Phone Number:		

ENGINEERING FIRM

Name of firm:			
Address:	City:	State:	Zip:
Email:	Phone Number:		

CONTRACTOR

Name:			
Address:	City:	State:	Zip:
Email:	Phone Number:		

HEALTH DEPARTMENT USE ONLY

Date received: _____ Date fee paid: _____ Check #: _____ Cash Credit Card

Date reviewed: _____ Date approved: _____

REHS (Print): _____ Signature: _____