

HAMILTON TOWNSHIP WATER POLLUTION CONTROL
300 HOBSON AVENUE • HAMILTON • NJ • 08610 • PHONE: 609-581-4140 • FAX: 609-581-4094
COMMERCIAL AND/OR WASTEWATER DETERMINATION APPLICATION

****APPLICATION MUST BE ACCOMPANIED BY A "SEALED" SET OF PLANS****

APPLICANT/OWNER NAME: _____

PERMANENT LEGAL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

PROJECT STREET ADDRESS: _____

PROJECT BLOCK & LOT: BLOCK: _____ LOT: _____

IS THIS AN EXISTING STRUCTURE? YES NO
WILL THERE BE AN INCREASE IN SQUARE FOOTAGE? YES INCREASE AMOUNT: _____ NO

WHAT IS THE TOTAL OVERALL SQUARE FOOTAGE OF THE BUILDING(S)? _____

WHAT IS THE CURRENT OR PREVIOUS USE OF THE BUILDING(S)? (i.e. restaurant, office, hair salon, medical office)

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED USE OF THE BUILDING? (i.e. alterations to existing office, converting retail space to medical office space, remodeling existing hair salon): _____

PLEASE INDICATE IF THE PROPOSED USE INVOLVES ANY OF THE FOLLOWING:

SALE OR HANDLING OF FOOD: YES NO
▪ Lawful Occupancy **MUST** be indicated on the plans by architect
▪ Installation of EXTERNAL grease trap (750-gallon minimum) is **REQUIRED** and grease trap details and specs must be indicated on plans

MEDICAL OR HEALTH ACTIVITY YES NO
NUMBER OF EXAM ROOMS: _____

PERSONAL CARE (i.e. barber, hair salon, nail salon, massage): YES NO
NUMBER OF HAIR and/or HAND SINKS: _____
NUMBER OF PEDICURE CHAIRS: (specifications must be attached) _____

SCHOOL, DAY-CARE, INSTRUCTION OR SIMILAR ACTIVITY: YES NO

ASSEMBLY, RECREATION, ENTERTAINMENT: YES NO
(i.e. religious, clubs, associations)

PLEASE INDICATE IF THE PROPOSED PROJECT INCLUDES ANY OF THE FOLLOWING:

WASHING MACHINES: YES NO IF YES, HOW MANY? _____
(specifications must be attached)

HAND or HAIR SINKS: YES NO IF YES, HOW MANY? _____
(sinks outside of restrooms)

SHOWERS: YES NO IF YES, HOW MANY? _____

IS PLANNING OR ZONING BOARD APPROVAL REQUIRED FOR PROJECT? YES NO
IF YES, PLEASE PROVIDE PLANNING/ZONING APPLICATION No. _____

IS A PLUMBING PERMIT REQUIRED FOR THIS PROJECT? YES NO

OWNER/APPLICANT SIGNATURE: _____ (application **MUST** be signed and dated) _____ (date)

↓ TOWNSHIP USE ONLY ↓

PERMIT No.: _____ **DATED:** _____ **CHECK No.:** _____ **DATED:** _____

REF. PERMIT No.: _____ **DATED:** _____

FAIR-SHARE CONTRIBUTION REQUIRED: YES NO **TO:** _____

NO IMPACT: _____ **DATE:** _____

REVIEWER SIGNATURE: _____ **DATE:** _____