

**CINNAMINSON SEWERAGE AUTHORITY
1621 RIVERTON ROAD
CINNAMINSON, NJ 08077
OFFICE (856) 829-5287/PLANT (856) 829-2271**

**SANITARY SEWER CONNECTION
RESIDENTIAL APPLICATION**

Property Location and Block/Lot _____

Current Owner Name _____

Address _____

Applicant Name _____

Phone Number _____ Email _____

Sketch (Location of Proposed Lateral) provided by:

_____ Phone _____

I/We agree to be responsible for all bills against this developments' escrow account until the completion of the project. In the event that the project is sold or my/our interest is transferred to another party, I/our obligation can only be relieved if we have provided Cinnaminson Sewerage Authority notice of said transfer, have satisfied all escrow bills accrued prior to the date of transfer, the new principal obligates himself to the responsibility of all future bills in an agreement satisfactory with the Authority, and the new principal posts sufficient advance funds consistent with rules and regulations of Cinnaminson Sewerage Authority.

DATE _____ APPLICANT'S SIGNATURE _____

Make check payable to Cinnaminson Sewerage Authority

OFFICE USE ONLY

DATE _____ FEE PAID _____ RECEIVED BY _____

ACTION OF THE CINNAMINSON SEWERAGE AUTHORITY

DATE _____ APPROVED _____ DISAPPROVED _____

CHAIRMAN OF CONSTRUCTION _____