

## GLOUCESTER COUNTY UTILITIES AUTHORITY

### APPLICATION FOR ALLOCATION OF CAPACITY

#### Policy, Procedures and Instructions

All projects holding NJDEP Treatment Works Approvals (TWA) issued after July 20, 1977 MUST receive an Allocation of Capacity from the G.C.U.A. prior to the introduction of wastewater flow into the sanitary sewer.

An applicant may request an Allocation of Capacity for a project provided the NJDEP Treatment Works Approval is valid at the time of the request. It is the applicant's responsibility to ensure that the NJDEP TWA has not expired and that all Special Provisos of the TWA, if any, have been complied with.

The G.C.U.A. will grant Allocations of Capacity in accordance with its Policy and Procedure in effect at the time the application is received. A copy of G.C.U.A.'s prevailing Policy and Procedures may be obtained upon request.

Each request for Allocation of Capacity must be approved by the G.C.U.A. Board of Commissioners by the adoption of a formal resolution at a Public Meeting. Meetings of the Board of Commissioners of the G.C.U.A. are held on the second and fourth Wednesday of each month. Deviations to this meeting schedule will be posted on G.C.U.A.'s website at [www.gcuaj.com](http://www.gcuaj.com).

It is the applicant's responsibility to ensure that his application is complete when submitted and signed by the appropriate local authority. Incomplete applications, including those absent the required signatures, will be rejected and returned to the applicant for completion and resubmission. In order to ensure that a request for Allocation of Capacity is placed on the meeting agenda, the completed application must be received by the G.C.U.A. no later than ten (10) days prior to the meeting date. *This requirement will be strictly adhered to.*

After approval by the G.C.U.A., the Sanitary Sewerage Connection Fee Permit(s) will be issued.

**GLOUCESTER COUNTY UTILITIES AUTHORITY**

APPLICATION FOR ALLOCATION OF CAPACITY

**PART ONE: APPLICANT/OWNER INFORMATION (please print or type)**

Name:

Legal Address:

City, State, Zip Code:

Tel: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ email:

**PART TWO: PROJECT INFORMATION**

*The GCUA will grant Allocations of Capacity in accordance with its Policy and Procedures in effect at the time this application is made. It is recommended that the applicant contact GCUA for current requirements prior to completing this application.*

Name of Project:

NJDEP Permit No. \_\_\_\_\_ Permit Issue Date:

NJDEP Permit Flow: \_\_\_\_\_ Total number of units in project:

Total Allocation of Capacity Requested: \_\_\_\_\_ GPD for \_\_\_\_\_ units

Is this the entire project? Yes \_\_\_\_\_ No

If not, designate the Section, Sub-Section or Phase No. these unit(s) are located in:

**PART THREE: CONSENT BY LOCAL MUNICIPALITY/MUA**

As an authorized representative of the \_\_\_\_\_, the undersigned hereby consents to the submission of this application to the Gloucester County Utilities Authority for approval.

Name Typed: \_\_\_\_\_ Signature:

Title: \_\_\_\_\_ Date Signed:

(Affix Municipal Seal Here)

The following information/documentation must be provided with this application. *Failure to do so is cause for this application to be rejected.*

1. Sanitary Sewerage Connection Fees, in accordance with attached Schedule I. Provide the following information from your check.

Check No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Amount:

Issuer:

2. Address List (Form AL-1)

3. Proof of Ability to Construct. Provide one (1) of the following:

- a) Copy of executed contract (for construction of sanitary sewers for the project)
- b) Copy of bond (for the construction of sanitary sewers for the project)
- c) A sworn and notarized affidavit from the project owner that construction of this project has been initiated

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FOR GCUA USE ONLY – DO NOT WRITE BELOW THIS LINE

Resolution No. \_\_\_\_\_ Date Adopted:

Date of Notification to Local Agency and Project Owner:

No. of Permit(s) Issued: \_\_\_\_\_ Beginning No. \_\_\_\_\_ Ending No. \_\_\_\_\_

Comments:



**PART TWO: NON-RESIDENTIAL UNITS** (\*) Indicate No. of measurement units (i.e., square feet, no. of seats, gallons per day, as applicable.)

GCUA No.	Block No.	Lot No.	Street Address	Usage (*)