



Joint Meeting of Essex & Union Counties

500 South First Street □ Elizabeth □ NJ 07202

908-353-1313 □ FAX: 908-353-7925

APPLICATION FOR UTILITY CONNECTION / EXCAVATION PERMIT

Application Made By _____

Mailing Address _____

Telephone Number _____ Fax _____

For Permission To Connect To _____ Supplementary Joint Meeting Trunk Sewer

_____ Original Joint Meeting Trunk Sewer _____ Joint Meeting Manhole

Located in _____ County of _____

At _____

For The Purpose Of _____

(Application to be accompanied by appropriate Plans / Details of anticipated Connection)

Work To Be Started On _____ Completed By _____

Remarks _____

If a Permit is granted, the Applicant agrees to comply with all applicable Municipal, County and State Rules & Regulations, as well as all Laws, Ordinances and Resolutions as set forth in The Joint Meeting of Essex & Union Counties Rules & Regulations, specifically Article II, Section 2.1, adopted December 18, 2003. Applicant also agrees to give proper notification to New Jersey One Call (1-800-272-1000) as per the NJ Underground Facility Protection Act and N.J.A.C. 14:2-1.1 through 14:2-6.4. No work in connection with this application will be started until the permit is approved and issued by The Joint Meeting.

Enclosed is a non-refundable Application Review Fee of \$ _____ payable to The Joint Meeting Of Essex & Union Counties.

SUBMITTED BY:

REVIEWED BY:

(Signature of Applicant)

(Signature of Joint Meeting Representative)

(Print or Type Name and Title)

(Print or Type Name and Title)

(Date)

(Date)

Comments / Notes _____

APPROVED BY JOINT MEETING OF ESSEX & UNION COUNTIES

Title: _____ **Date:** _____