

**GALLOWAY TOWNSHIP MUNICIPAL UTILITY DIVISION**

**APPLICATION FOR EXEMPTION**

**INDIVIDUAL BUILDING SEWER CONNECTION**

This application must be filed with the Galloway Township M.U.D. and shall be accompanied by an application fee of \$25 and a copy of the survey indicating the location of the septic system. If other than a single family dwelling, application and plans must be filed in triplicate (3).

The submission of this application for exemption from Individual Building Sewer Connection in accordance with the MUD Policy, hereby grants permission to a representative of Galloway Township to enter onto the property for the purpose of inspecting the property and septic system.

Make all checks payable to: **GALLOWAY TOWNSHIP UTILITY DIVISION**

1. Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Location of Building:

Street Address (If other than above): \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. Type of Building:

(a) Single family ( )

(b) Attached dwelling units ( )

(c) Industrial ( )

(d) Commercial ( )

Number: \_\_\_\_\_

If other than single family, briefly explain size of building and number of building and number of toilets, washrooms, etc. and proposed or current use of building:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason for Exemption Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) Distance from building to individual's property boundary closest to Township line.  
If structure is less than 200 ft back, **elevations must be included by a licensed plumber.** \_\_\_\_\_

(b) Lot size: \_\_\_\_\_

(c) Depth to Seasonal Water Table: \_\_\_\_\_

(d) Soil type: \_\_\_\_\_

(e) Describe development in surrounding area: \_\_\_\_\_  
\_\_\_\_\_

(f) Zoning: \_\_\_\_\_

(g) Condition of existing septic system: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY - DO NOT COMPLETE

Received by: \_\_\_\_\_ Fee: \_\_\_\_\_

Paid by ( ) Cash ( ) Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_