

**Borough of Lindenwold Sewer Department  
Sewer Connection Application**

**CONNECTION FEE OF \$2600 PER UNIT IS TO BE PAID WITH APPLICATION VIA CERTIFIED CHECK, MONEY ORDER OR CASH UNDER NO CIRCUMSTANCES WILL PERSONAL CHECK OR BUSINESS CHECK BE ACCEPTED.**

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Property Location/Address: \_\_\_\_\_

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

Type of Dwelling: (Please Check Box) Residential ☐ Commercial ☐

Residential Type: (Please Check Box) Single Family ☐ Duplex ☐ Other ☐

Commercial Type: (Please Check Box) Tavern ☐ Restaurant ☐ Industrial/Other ☐

If Other (Please Explain):

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

Contractor Name: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Plumber Name: \_\_\_\_\_ Plumbing License #: \_\_\_\_\_

Plumber Address: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ Garbage Disposal (Please Circle One) (Yes) (No)

Size of Building (Square Feet): \_\_\_\_\_ Projected Flow: \_\_\_\_\_

**\*\*\*\*\*NOTE\*\*\*\*\* APPLICANT MUST HAVE A LETTER FROM THE BOROUGH OF LINDENWOLD PLANNING AND ZONING BOARD INDICATING PROPERTY CONFORMS WITH THE BOROUGH OF LINDENWOLD REGULATIONS.**

Date of Application: \_\_\_\_\_

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

\_\_\_\_\_ (OFFICAL USE ONLY) \_\_\_\_\_

Application reviewed by Superintendent: (Please Check if Reviewed) ☐ Date Reviewed: \_\_\_\_\_

(Please Check Box) Approved ☐ Denied ☐ Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

Date Approved: \_\_\_\_\_ Superintendent Signature: \_\_\_\_\_