

FORM E-4 - APPLICATION FOR CHANGE OF USE  
OF EXISTING SEWERAGE FACILITIES

FILL IN AS EACH ITEM MAY APPLY - USE N/A IF NON-APPLICABLE

EAST BRUNSWICK SEWERAGE AUTHORITY  
25 HARTS LANE  
EAST BRUNSWICK, NEW JERSEY 08816

Date \_\_\_\_\_

Application for CHANGE OF USE OF SEWERAGE FACILITIES IN EAST BRUNSWICK, COUNTY OF MIDDLESEX, STATE OF NEW JERSEY. This application must be filed with the Executive Director of the Authority, accompanied by plan showing the proposed plumbing layout and/or connection. Please answer all questions.

Application is hereby made for a change of use of existing sewerage facilities for a ruling on the system layout, characteristics, capacity, and requirements.

1. Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name of Present Property Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Interest of applicant if other than owner of property \_\_\_\_\_  
\_\_\_\_\_
4. Key Location or Street Location of Project \_\_\_\_\_  
Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_
5. Area of entire tract \_\_\_\_\_ and portion being sewered \_\_\_\_\_
6. New Jersey Licensed Engineer or Plumber designing sewerage plan:  
Firm \_\_\_\_\_  
Name of Contact \_\_\_\_\_ Lic. No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

7. Attorney (if applicable): Firm \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

8. Does applicant or owner agree to convey by deed to the East Brunswick Sewerage Authority easements for all sanitary sewer locations and all rights to sewer system? \_\_\_\_\_

9. Describe: a) prior use \_\_\_\_\_

No. of employees \_\_\_\_\_ No. of fixtures \_\_\_\_\_ Business Hours \_\_\_\_\_

b) new use \_\_\_\_\_

No. of employees \_\_\_\_\_ No. of fixtures \_\_\_\_\_ Business Hours \_\_\_\_\_

c) new proposal for sewage disposal \_\_\_\_\_

d) quality and quantity of waste \_\_\_\_\_

10. Effective Date of Change of Use \_\_\_\_\_

11. List plans and other material accompanying application, and number of each:

	ITEM	NUMBER
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

12. Owner and applicant have read the EBSA Rules and Regulations and fully understand all necessary requirements. yes /

The payment of a connection fee for each applicable new unit may be due and payable to the Authority in accordance with Section 11.3 of the EBSA Rules and Regulations. THIS FEE IS PAYABLE PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

\_\_\_\_\_  
(Signature of Owner)\*\*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Name of Owner, typed/printed)

\_\_\_\_\_  
(Name of Applicant, typed/printed)

\_\_\_\_\_  
Owner's Position or Title

\_\_\_\_\_  
Applicant's Position or Title

\* Attach print of your plans.

\*\* Owner's Signature is mandatory (see Section 4.2)