

**DEVELOPMENT INFORMATION FORM- TWO FAMILY DWELLING**  
**(This application shall not be used for Multi-Family Developments)**

DATE OF APPLICATION: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MUNICIPALITY(IES): \_\_\_\_\_

BLOCK(S): \_\_\_\_\_ LOT(S): \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/OFFICE PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/OFFICE PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NUMBER OF SERVICES:**  ONE DOMESTIC SERVICE AND METER (THE PROPERTY WILL RECEIVE ONE WATER BILL)\*  
 TWO SEPARATE SERVICES AND METERS (EACH DWELLING WILL RECEIVE A SEPARATE BILL)\*

\*It is the applicant's responsibility to understand the method by which the sewer service is billed in their municipality.

**ADDITIONAL SERVICE REQUESTED:**  FIRE SPRINKLER  IRRIGATION  NONE

**SERVICE TYPE:**  TWO FAMILY RESIDENTIAL – REACTIVATE EXISTING SERVICE(S)  
 TWO FAMILY RESIDENTIAL – RENEW EXISTING SERVICE(S)/NEW TAP(S) REQUIRED  
 TWO FAMILY RESIDENTIAL – REACTIVATE ONE SERVICE/NEW TAP FOR SECOND SERVICE

REQUESTED SIZE(S)<sup>(1)</sup>: TAP/SERVICE/METER: \_\_\_\_\_ SIZING CERTIFICATION ATTACHED<sup>(1)</sup>:  YES

IS(ARE) METER PIT(S) INSTALLED<sup>(2)</sup>:  YES  NO

<sup>(1)</sup> Sizing shall be as per applicable plumbing code/fire code. Applicant shall provide certification that existing service/newly proposed service is sized accordingly. Submit "Service Sizing Certification".

<sup>(2)</sup> All residential services are required to have the meter installed in a meter pit at the curb line. Meter pit to be purchased and installed by the applicant. See [www.smcmua.com](http://www.smcmua.com) (Engineering tab) for construction details.

**Applicant will be invoiced for tapping fee (if required) and/or connection fee (if required) as per Schedule 6 and/or Schedule 13 of the SMCMUA's Rules and Regulations.**

Submitted by: \_\_\_\_\_ (name printed) \_\_\_\_\_ (signature)

I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and preparing the information, I believe that the information is true, accurate, and complete.

**SINGLE-FAMILY/TWO-FAMILY SERVICE SIZING CERTIFICATION<sup>(1)</sup>**

Date: \_\_\_\_\_

Southeast Morris County Municipal Utilities Authority  
Engineering Department  
19 Saddle Road  
Cedar Knolls, NJ 07927

Re: Domestic Service Line Sizing<sup>(1)</sup>

\_\_\_\_\_ (physical service address)

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

\_\_\_\_\_ (municipality)

To: SMCMUA:

Attached are the applicable service sizing calculations in support of the development application for the above referenced project.

The applicant is requesting domestic water service. The sizing of the service(s) has been determined in accordance

with \_\_\_\_\_. The required size of the service(s) is  3/4"  
(plumbing code reference)  1"  
 1-1/2"  
 2"

We acknowledge that SMCMUA does not review or approve sizing calculations or code requirements and this information is being submitted solely to confirm the service size requested for the development.

Submitted by: \_\_\_\_\_ (signature)

\_\_\_\_\_ (name of person preparing the calculations)

\_\_\_\_\_ (license type/number of person preparing the calculations)

Company name/address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

<sup>(1)</sup> Domestic Calculations are generally prepared by an Architect, Engineer or Plumber.

Encl: Service sizing calculations