



Borough of Caldwell  
Plumbing  
Department

One Provost Square • Caldwell, NJ 07006 • 973-226-6100 • Fax 973-403-1355

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Block: \_\_\_\_ Lot: \_\_\_\_  
Permit No: \_\_\_\_\_ Work Site Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Plumber: \_\_\_\_\_

*To be filled out by plumber upon completion*

Sewer enters house:	Front	Rear	Left Side	Right Side
____ Feet From	East	West	North	South
				Corner

Lineal Feet: \_\_\_\_\_ Size: \_\_\_\_\_

Number of Cleanouts: \_\_\_\_\_

Number of Manholes: \_\_\_\_\_

Number of Wyes: \_\_\_\_\_

Distance from House to 1<sup>st</sup> Cleanout: \_\_\_\_\_

Distance from 1<sup>st</sup> Cleanout to 2<sup>nd</sup> Cleanout: \_\_\_\_\_

DRAW SKETCH ON REVERSE SIDE

I hereby certify that the house connection from the street to the curb was clear and unobstructed upon completion and further certify that the septic tank (if applicable) has been pumped out and filled as required by NJ State Code und local ordinance.

\_\_\_\_\_  
Plumber or Applicant

\_\_\_\_\_  
Date

Local Permit: \_\_\_\_\_  
Sewer Utility Permit: \_\_\_\_\_  
Issuance Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Applicant/Owner:**

Name: \_\_\_\_\_

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

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

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

**Site Information:**

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

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Part of Project (CP-1 No.) \_\_\_\_\_

\_\_\_\_\_ Single Connection

\_\_\_\_\_ Growth Reserve \_\_\_\_\_ Committed \_\_\_\_\_ First Come / First Serve

\_\_\_\_\_ Septic (Septic Reserve connections require municipal certification of need for relief from septic service and date of C.O.)

\_\_\_\_\_ Wetlands (if yes, Grant waiver is required for properties with C. O.'s issued after 11/29/83)

**Structure:**

\_\_\_\_\_ Existing \_\_\_\_\_ New

\_\_\_\_\_ Single Family \_\_\_\_\_ Multiple Family (# of Families \_\_\_\_\_)

\_\_\_\_\_ Townhouse \_\_\_\_\_ # of Bedrooms

\_\_\_\_\_ Apartment \_\_\_\_\_ # of Bedrooms

\_\_\_\_\_ Additions (Remarks: \_\_\_\_\_)

\_\_\_\_\_ Commercial \_\_\_\_\_ Sq. Ft. (Remarks : \_\_\_\_\_)

\_\_\_\_\_ Industrial \_\_\_\_\_ Sq. Ft. (Remarks : \_\_\_\_\_)

Industrial connections are subject Industrial Pretreatment Program Regulations

DO NOT WRITE BELOW THIS LINE			
Gallonage		GPD	
<b>Municipal Authorization</b>		<b>Caldwell Sewer Utility Authorization</b>	
Signature: _____	Date: _____	Signature Fee	Date: Check#