

TOWNSHIP OF KINGWOOD

BOARD OF HEALTH
CORNER OF ROUTE 519 AND OAK GROVE ROAD
P.O. BOX 199
BAPTISTOWN, NEW JERSEY 08803-0199
PHONE: 908-996-3696
FAX: 908-996-7753
E-mail: dlaudenbach@kingwoodtownship.com

To: Septic Applicants

Re: Septic Application

When submitting an application, the following information/documentation must be submitted. The omission of any one of these will automatically constitute an incomplete application, and all materials will be returned for revision and re-submission.

1. Name, address, e-mail and telephone number of the applicant;
2. Application fee of \$100.00;
3. Location of property, block and lot to which or upon which the septic is to be located;
4. Position of the septic in relation to nearby buildings, structures etc.
5. Eight (8) copies of plans drawn to scale and specifications;
6. Name, address, e-mail and telephone number of all contractors and excavators expected to work on site;
7. Written consent from the owner of land to which, will be effected to septic construction and or placement;
8. Submission two weeks prior to the Board of Health meeting.
9. Eight (8) copies of the County Waiver Request;
10. Electronic copy of the application and plat;

TOWNSHIP OF KINGWOOD, COUNTY OF HUNTERDON, NEW JERSEY

SEPTIC APPLICATION

BLOCK _____ LOT _____

OWNER:

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

SIGNATURE _____

DATE _____

APPLICANT:

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

SIGNATURE _____

DATE _____

OWNER CERTIFICATION:

I herby certify that I am the owner of this property and that this application is being made with my full consent and in accordance with my wishes.

Signature of Owner

Date

EXCAVATORS/CONTRACTORS:

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

-----**FOR TOWNSHIP USE ONLY**-----

FEES RECEIVED

APPLICATION FEE \$100.00

CHECK#

DATE RECEIVED