

# TOWNSHIP OF KINGWOOD

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BOARD OF HEALTH  
CORNER OF ROUTE 519 AND OAK GROVE ROAD  
599 OAK GROVE ROAD  
FRENCHTOWN, NEW JERSEY 08825  
PHONE: 908-996-4276 X 226  
FAX: 908-996-7753  
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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