

**APPLICATION FOR CHANGE OF USE OF EXISTING SEWERAGE FACILITIES  
IN EATONTOWN, NEW JERSEY**

ADDRESS OF PROPERTY:

BLOCK:

LOT(S):

OWNER:

PHONE:

ADDRESS OF OWNER IF OTHER THAN ABOVE:

AUTHORIZED AGENT:

PHONE :

AGENT'S ADDRESS:

LETTER OF AUTHORIZATION:

YES, DATED:

NO

PLANS PREPARED BY:

CONTACT:

ADDRESS:

PHONE:

PRESENT USE:

NEW USE:

EFFECTIVE DATE OF CHANGE:

**I certify that the information on this application is correct.  
I have obtained and read the Authority *Rules and Regulations* and will abide by them.  
I agree to convey by deed to the Authority all necessary easements for sanitary sewer  
locations and rights to sewer system.**

SIGNATURE OF OWNER (Required):

DATE:

SIGNATURE OF AUTHORIZED AGENT

DATE: