



# BERGEN COUNTY UTILITIES AUTHORITY

Box 9, Foot of Mehrhof Road, Little Ferry, New Jersey 07643

## SEWER CONNECTION

### Municipal Referral Form

In accordance with Article X of the Bergen County Utilities Authority *Rules and Regulations for the Direct and Indirect Discharge of Wastewater to the BCUA Treatment Works*, any person seeking to construct or increase flow to a direct or indirect connection to a municipal sewer system or the BCUA's system shall pay a connection fee to the BCUA. Prior to receiving a BCUA **Sewer Connection Application** (BCUA Form SC002), this form must be completed and faxed to the BCUA **Sewer Connection Department** (fax 201-807-8640) **by the municipal code enforcement office of the municipality** in which the proposed project will be completed. Once the form is received by the BCUA, a BCUA **Sewer Connection Application** will be sent to the applicant. Any questions regarding this form, please contact the Sewer Connection Department at 201-807-8642 or 201-807-8677.

Municipality \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the information provided below is accurate. \_\_\_\_\_

Municipal Signature

#### 1. APPLICANT (All correspondence will go to this address. Please print clearly.)

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax No. \_\_\_\_\_

#### 2. OWNER (If different from applicant)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax No. \_\_\_\_\_

#### 3. PROJECT

Address \_\_\_\_\_

City \_\_\_\_\_ State NEW JERSEY Zip Code \_\_\_\_\_

BLOCK NO. \_\_\_\_\_ LOT NO. \_\_\_\_\_

DESCRIPTION: The project consists of \_\_\_\_\_

4. This project is a: a)  New Build b)  Knockdown/Rebuild c)  Renovation/Addition

5. This project is: a)  Residential b)  Commercial c)  Industrial

6. For **Residential** Projects Only  
**Please refer to back of this form for additional information on what type of project requires the submittal of a Referral Form.**

Existing Structure	#
Number of Dwellings	
# of 1 Bedrooms	
# of 2 Bedrooms	
# of 3 Bedrooms	

Proposed Structure	#
Number of Dwellings	
# of 1 Bedrooms	
# of 2 Bedrooms	
# of 3 Bedrooms	

7. For **Commercial** Projects Only  
**Please refer to back of this form for additional information on what type of project requires the submittal of a Referral Form.**

Existing Structure	#
Number of Structures	

Proposed Structure	#
Number of Structures	



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#### Municipal Referral Form Guidelines

#### ONLY SUBMIT A MUNICIPAL REFERRAL FORM IF THE PROPOSED PROJECT MEETS THE FOLLOWING CRITERIA

- **Residential**
  - All new connections or enlargement or modifications to exiting connections.
  - All new construction.
  - Alteration to an existing structure that increases the number of bedrooms from less than 3 to 3 or more.
  
- **Commercial**
  - All new connections or enlargement or modifications to exiting connections.
  - All new construction.
  - Any increase in floor area of an existing structure.
  - Complete demolition of a structure that is rebuilt.

#### Examples

Example	Referral Form Required Yes/No
• Card store converted to a laundromat.	No
• Three bedroom one family home converted to a duplex with three and two bedrooms.	Yes
• Three bedroom one family home converted to a five bedroom one family home with no physical increase in the size of the sewer connection.	No
• Construction of a second floor to a one floor commercial building.	Yes
• Three bedroom one family house demolished and replaced with a three bedroom one family house with no physical increase in the size of the sewer connection.	No
• Commercial building demolished and rebuilt on the same foundation with no increase in square footage and no physical increase in the size of the sewer connection.	No