



DOVER WATER COMMISSION

100 Princenton Ave., Dover, NJ 07801 Phone: 973-336-2200

APPLICATION FOR WATER RESERVATION

| | R WATER COMMISSION USE ONLY | |
|--|--|----------|
| Application No.: | Date Filed: | |
| Application Fee Received By: | Date: | |
| Approved Denied D | By: Title: | |
| | Date: Signature: | |
| · | Large Project Fee \$500 Check # | |
| PROPERTY LOCATION | | :======= |
| Street Address: | | |
| Municipality: | Block: Lot:_ | |
| Description of Existing Use: | | |
| Is the property within the Town Dover Wa | nter Commission Service Area? Yes 🔲 No 🔲 | |
| <u>APPLICANT</u> | | |
| Name: | | |
| | | |
| | | |
| Address: | Email: | |
| Address: Telephone Number: | | |
| Address: Telephone Number: PROPERTY OWNER | Email: | |
| Address: Telephone Number: PROPERTY OWNER Name: | Email: | |
| Address: Telephone Number: PROPERTY OWNER Name: Address: | Email: | |
| Address: Telephone Number: PROPERTY OWNER Name: Address: | Email: | |
| Address: Telephone Number: PROPERTY OWNER Name: Address: Telephone Number PROJECT/USE BEING SERVED | Email: Email: Email: | |
| Address: Telephone Number: PROPERTY OWNER Name: Address: Telephone Number | Email:Email: Email: Email: Estimated Daily Usag | |
| Address: Telephone Number: PROPERTY OWNER Name: Address: Telephone Number PROJECT/USE BEING SERVED Single Family Dwelling Number of | Email: Email: Email: Estimated Daily Usage Bedrooms: Estimated Daily Usage | ge: |
| Address: Telephone Number: PROPERTY OWNER Name: Address: Telephone Number PROJECT/USE BEING SERVED Single Family Dwelling Number of Two Family Dwelling Number Owner Dwelling Number Owner Dwelling Number Dwelling Number Dwelling Number Dwel | Email: Email: Email: Estimated Daily Usage Bedrooms: Estimated Daily Usage Gross Floor Area: | ge: |

CERTIFICATIONS

I certify that the foregoing statements and the materials submitted are true. I further certify that am the individual applicant or that I am an Officer of the corporate applicant and that I am authorize to sign the application for the corporation or that I am a general partner of the partnership applicant. I certify that I agree to follow the Rules and Regulations adopted by the Town of Dover Board of Water Commissioners regarding the Construction of Water System Facilities.

| (If the applicant is a corporation, must be sign by an ausign by a general partner.) | uthorized corporate officer. If the applicant is a partnership, must be |
|---|--|
| Applicant: | |
| Printed Name | Signature of Applicant |
| to make this application and that I agree to be bound same manner as if I were the applicant. I further cer Corporate Owner and that am authorized to sign the a partnership Owner. (If the applicant is a corporation, | the subject of this application, and that I have authorized the applicant by this application, the representations made and the decision in the stify that I am the individual Owner or that I am an Officer of the application for the Corporation or that I am a general partner of the must be sign by an authorized corporate officer. I certify that I agree the Town of Dover Board of Water Commissioners regarding the meral partner.) |
| Owner: | |
| Printed Name | Signature of Applicant |
| | |