



# INSPECTION & COMPLIANCE BUREAU CONNECTIONS UNIT

## MUNICIPAL REFERRAL FORM

In accordance with 602.6 of the PVSC Rules and Regulations (R&R), any person seeking to connect to the sewer or change the operation of an existing connection must fill out this form. This form must be filled out completely and faxed to PVSC at (973) 466-2712 at the close of each business day (PVSC R&R 602.7). For help with this form please contact the connections unit at (973) 817 5706 or the Inspector (card attached)

Municipality: City of Passaic Address: City Hall, 330 Passaic Street

1.) Applicant Information: *(Please Print Neatly; This is Where Your Approval Letter Will be Mailed)*

Name:		Contact:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

2.) Owner Information: *(If Different From #1, Please Print Neatly)* *SAME AS ABOVE [ ]*

Name:		Contact:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

3.) Project Information *(Please Print Neatly)*

Address:		Unit #:	Floor # :
City: Passaic	State: NJ	Zip Code:	Block:
Project Description:		Lot:	

Submitted by: \_\_\_\_\_  
*(Signature)* *(Print name)* *(Date)*

### To be filled out by PVSC Personnel Only:

New Build <input type="checkbox"/>	Knockdown / Rebuild <input type="checkbox"/>	Renovation or Addition <input type="checkbox"/>	Public Project <input type="checkbox"/>	Out of District <input type="checkbox"/>
Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Affordable Housing <input type="checkbox"/>	Fire Rehabilitation <input type="checkbox"/>
Review No Fee <input type="checkbox"/>	Connection Fee <input type="checkbox"/>	CO / CCO <input type="checkbox"/>	Confirmed Active Use <input type="checkbox"/>	Other <input type="checkbox"/>

Change of Use/Occupant/Tenant  No Connection

For Changes in Operation / Use:

Referred to: \_\_\_\_\_

Category	Existing	Proposed	Net	Category	Existing	Proposed	Net
Number of Dwelling Units				SF of Retail or Office Space			
# of 1 Bedroom Units				Seats 3 15 20 35 50			
# of 2 Bedroom Units				Students/Employees			
# of 3 Bedroom Units or Larger				Other			

Age Restricted: Yes  No  501C3: Yes  No  Increase/ Decrease in Gallons Per Day (GPD) : \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
*(Signature)* *(Print name)* *(Date)*

Construction Official: \_\_\_\_\_  
*(Signature)* *(Print name)* *(Date)*

PVSC Inspector: \_\_\_\_\_  
*(Signature)* *(Print name)* *(Date)*

PVSC Supervisor: \_\_\_\_\_  
*(Signature)* *(Print name)* *(Date)*