



SOMERVILLE DIVISION OF HEALTH

25 West End Avenue, Somerville, NJ 08876
(908) 725-2300 Ext. 1980 ♦ Fax (908) 725-6218



Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT

I hereby make application for a permit to perform the following Environmental Health Services in the Borough of Somerville:

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> Underground storage tank \geq 1,000 gallons | \$100 | <input type="checkbox"/> Well installation or abandonment for potable use | \$20 |
| <input type="checkbox"/> Underground storage tank < 1,000 gallons | \$50 | <input type="checkbox"/> New septic system | \$100 |
| <input type="checkbox"/> Demolition of a structure | \$25 | <input type="checkbox"/> Alteration to an existing septic system | \$50 |
| <input type="checkbox"/> Annual permit for a public pool | \$50 | <input type="checkbox"/> Abandonment of a septic tank | \$100 |
| <input type="checkbox"/> Annual permit for a whirlpool or spa | \$50 | <input type="checkbox"/> Other (please specify) | |

WORK SITE LOCATION _____

BLOCK _____ LOT _____

WORK PLAN SKETCH

OWNER _____

ADDRESS _____

TELEPHONE _____

CONTRACTOR _____

ADDRESS _____

PHONE _____

DESCRIPTION OF WORK _____

If such permit is granted, I agree to comply at all times with the provisions, rules, regulations, codes and ordinances of the Borough of Somerville and the State of New Jersey.

_____ Signature of Applicant	_____ Title	_____ Date
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(Office Use Only)

Approved by: _____ Date: _____ Total Fee: _____ Payment Type _____

Comments: _____