



Bergen County
Utilities Authority

Connection Program Project Referral BCUA REFERRAL# _____

BCUA use only

In accordance with Article X Rules and Regulations, any person seeking to connect to the sewer or change the operation of an existing connection must complete this form. This form must be completed in its entirety and faxed to BCUA at (201)-807-8640. For assistance please contact, Nina Soto (201)-807-8677 or the Inspector listed below.

Municipality:	Contact:
Street Address:	Phone#: Date:

I certify that the information provided below is accurate _____

Municipal Signature

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)

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

3. Project Information (Please Print Neatly)

Address:			
City:	Zip Code:	Block :	Lot:
Project Description:			

New Build Knockdown/Rebuild Renovation Addition

Residential

Category	Existing Bedrooms	Proposed Bedrooms
One family		
Multi-Family	Existing	Proposed
# of 1 Bedrooms		
# of 2 Bedrooms		
# of 3 Bedrooms		

Commercial

Category	Existing	Proposed
Retail/Office/Sq ft		
Restaurant/Seats		
School/Students		
Warehouse/Employees		
Misc.		

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Reviewed By: _____ BCUA Supervisor: _____

Action: _____

Inspector: Jonathan Russo (201)-708-5453