



# Borough of Watchung

BOARD OF HEALTH

<b><u>For Office Use Only</u></b>
Permit Number: _____
Permit Year: _____
Payment Amount: _____

**APPLICATION TO ALTER OR REPAIR  
SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer: \_\_\_\_\_

Please Submit Three (3) Copies of Engineer's Drawings and Soil Logs If Applicable.

All Proposed Alterations Should Be Discussed with And Approved by The Health Officer or Their Designee Prior To Construction.

**FEE SCHEDULE:**

<b>\$ 150.00</b>	Permit to Alter System:	\$ _____
<b>\$ 75.00</b>	Permit to Repair System:	\$ _____
<b>\$ 5.00</b>	Permit to Pump Prior To Alter/Repair:	\$ _____
<b>\$ 5.00</b>	Application Review Fee:	\$ <b>5.00</b> _____
<b>\$100.00</b>	Failure to Notify Cancellation of An Inspection:	\$ _____

---

**Total Due:** \$ \_\_\_\_\_

(Checks Payable to The Borough of Watchung)

Application Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Kevin Sumner, Health Officer (732) 968-5151  
15 Mountain Boulevard, Watchung New Jersey 07069  
Phone: (908) 756-0080; Fax: (908) 757-7027  
Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)