



BOROUGH OF LINCOLN PARK

HEALTH DEPARTMENT

34 CHAPEL HILL ROAD, LINCOLN PARK, N.J. 07035

(973)-270-2040/2036 * fax: (973) 270-2041

APPLICATION FOR PERMIT TO CONSTRUCT / ALTER / REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1 – General Information

1. Type of Permit Needed (check applicable categories):
 New Construction
 Alteration
 Repairs
 Re-Inspection
 Other
2. Location of Project:
 Street _____ Block _____ Lot _____
 Owner Name: _____
3. Name of Applicant (print): _____
4. Applicant's Present Address: _____
 _____ Phone # _____
5. Type of Facility:
 Residential
 Commercial / Industrial
 Specify Type of Establishment: _____
6. Types of Waste to be Discharged:
 Sanitary Sewage
 Industrial Waste
 Other (specify type): _____
7. Number of bedrooms
8. Other Approvals / Certification / Waivers / Exemptions (attach to application):
 Pinelands Commission
 U.S. Army Corps of Engineers
 NJDEP, Bureau of Flood Plain Management
 Other (specify): _____

I hereby certify that I am familiar with the information contained in this application and to the best of my knowledge and belief such information is true, complete, and accurate. I understand that giving false information is perjury and is subject to NJ prosecution laws.

Signature of Applicant _____
Date _____

Fee Collected _____ Soil Log Attached _____

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FOR HEALTH DEPARTMENT USE ONLY

Application Approved Application Approved Subject to Approval By NJDEP
 Application Denied.

Reason for denial/citation of Rules violated: _____

Signature of Authorized Agent _____ Title _____
Date _____