

(Revised 3/23/2023)

GLOUCESTER COUNTY UTILITIES AUTHORITY

APPLICATION FOR ALLOCATION OF CAPACITY

Policy, Procedures and Instructions

All projects holding NJDEP Treatment Works Approvals (TWA) issued after July 20, 1977 MUST receive an Allocation of Capacity from the G.C.U.A. prior to the introduction of wastewater flow into the sanitary sewer.

An applicant may request an Allocation of Capacity for a project provided the NJDEP Treatment Works Approval is valid at the time of the request. It is the applicant's responsibility to ensure that the NJDEP TWA has not expired and that all Special Provisions of the TWA, if any, have been complied with.

The G.C.U.A. will grant Allocations of Capacity in accordance with its Policy and Procedure in effect at the time the application is received. A copy of G.C.U.A.'s prevailing Policy and Procedures may be obtained upon request.

Each request for Allocation of Capacity must be approved by the G.C.U.A. Board of Commissioners by the adoption of a formal resolution at a Public Meeting. Meetings of the Board of Commissioners of the G.C.U.A. are held on the second Wednesday of each month. Deviations to this meeting schedule will be posted on G.C.U.A.'s website at www.qcuanj.com.

It is the applicant's responsibility to ensure that his application is complete when submitted and signed by the appropriate local authority. Incomplete applications, including those absent the required signatures, will be rejected and returned to the applicant for completion and resubmission. In order to ensure that a request for Allocation of Capacity is placed on the meeting agenda, the completed application must be received by the G.C.U.A. no later than ten (10) days prior to the meeting date. This requirement will be strictly adhered to.

After approval by the G.C.U.A., the Sanitary Sewerage Connection Fee Permit(s) will be issued.

Please be advised that some future projects may require an impact fee as determined by the GCUA. Contact the permit clerk to confirm.

GLOUCESTER COUNTY UTILITIES AUTHORITY

APPLICATION FOR ALLOCATION OF CAPACITY

PART ONE: APPLICANT/OWNER INFORMATION (please print or type)

Name:

Legal Address:

City, State, Zip Code:

Tel: () Fax: () email:

PART TWO: PROJECT INFORMATION

The GCUA will grant Allocations of Capacity in accordance with its Policy and Procedures in effect at the time this application is made. It is recommended that the applicant contact GCUA for current requirements prior to completing this application.

Name of Project: _____

NJDEP Permit No. _____ Permit Issue Date: _____

NJDEP Permit Flow: _____ Total number of units in project: _____

Total Allocation of Capacity Requested: _____ GPD for _____ units

Is this the entire project? Yes ___ No___

If not, designate the Section, Sub-Section or Phase No. these unit(s) are located in:

PART THREE: CONSENT BY LOCAL MUNICIPALITY/MUA

As an authorized representative of the _____, the undersigned hereby consents to the submission of this application to the Gloucester County Utilities Authority for approval.

Name Typed: _____ Signature: _____

Title: _____ Date Signed: _____ (Affix Municipal Seal Here)

The following information/documentation must be provided with this application. Failure to do so is cause for this application to be rejected.

1. Sanitary Sewerage Connection Fees, in accordance with attached Schedule I. Provide the following information from your check.

Check No. _____ Issue Date: _____ Amount:

Issuer: _____

2. Address List (Form AL-I)
 3. Proof of Ability to Construct. Provide one (1) of the following:
 - a) Copy of executed contract (for construction of sanitary sewers for the project)
 - b) Copy of bond (for the construction of sanitary sewers for the project)
 - c) A sworn and notarized affidavit from the project owner that construction of this project has been initiated
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FOR GCUA USE ONLY - DO NOT WRITE BELOW THIS LINE

Resolution No. _____ Date Adopted:

Date of Notification to Local Agency and Project Owner:

No. of Permit(s) Issued: _____ Beginning No. _____ Ending No. _____

Comments:

Form AL-1

ADDRESS LIST
(type or print clearly)

PART ONE: RESIDENTIAL UNITS

If additional space is needed, please attach a blank sheet to this form.

[illegible]

PART TWO: NON-RESIDENTIAL UNITS (*) Indicate No. of measurement units (i.e., square feet, no. of seats, gallons per day, as applicable.)

GCUA No.	Block No.	Lot No.	Street Address	Usage (*)