**APPLICANT / OWNER:**

NAME:

ADDRESS:

PHONE:

HEREBY MAKES APPLICATION TO HOPEWELL TOWNSHIP, WASHINGTON COUNTY FOR THE DESTRUCTION/REMOVAL OF AN EXISTING ON-LOT SEWAGE SYSTEM LOCATED AT

**SITE ADDRESS:**

**TAX ID NUMBER:**

350-

**WORK WILL BE COMPLETED BY (CHECK ONE):**

PROPERTY OWNER

CONTRACTOR

**CONTRACTOR:**

NAME:

ADDRESS:

PHONE:

IF A CONTRACTOR IS PERFORMING THE WORK, PLEASE ATTACH A COPY OF CONTRACTORS INSURANCE CERTIFICATE TO THIS APPLICATION.

**ON-LOT SYSTEM TYPE:**

**DATE OF FAILED DYE TEST / REASON FOR REMOVAL:**

HAS THE PROPERTY UNDERGONE A PERC TEST FROM THE WASHINGTON COUNTY SEWAGE COUNCIL WITH THE INTENT OF THE FUTURE

CONSTRUCTION OF A NEW ON-LOT SEWAGE SYSTEM ON THE PROPERTY?

YES NO

IF A PERC TEST WAS PERFORMED, DID THE PROPERTY PASS THE PERC TEST?

YES NO

DID THE ON-LOT SYSTEM SERVE A DWELLING THAT IS STILL LOCATED ON THE PROPERTY? YES NO

IF THERE IS AN EXISTING DWELLING THAT THE SYSTEM SERVED, WILL THE DWELLING BE DEMOLISHED? YES NO

IF THE DWELLING WILL NOT BE DEMOLISHED DOES THE

APPLICANT INTEND FOR THE DWELLING TO BE OCCUPIED IN THE FUTURE?

YES NO

IF THERE IS AN EXISTING DWELLING ON THE PROPERTY THAT WILL NOT BE DEMOLISHED IS IT ABLE TO BE INHABITED IN THE PRESENT CONDITION? YES NO

\*PLEASE NOTE THAT IF THE DWELLING IS INTENDED TO BE OCCUPIED AT ANY TIME A PERMITTED ON-LOT SEWAGE SYSTEM WILL NEED TO BE CONSTRUCTED AND CONNECTED TO THE DWELLING ACCORDING TO THE REGULATIONS SET FORTH BY THE WASHINGON COUNTY SEWAGE COUNCIL AND AN OCCUPANCY PERMIT WILL BE REQUIRED BY HOPEWELL TOWNSHIP PRIOR TO OCCUPANCY.

**ESTIMATED DATES FOR THE STARTING AND COMPLETION OF DESTRUCTION/REMOVAL OF THE ON-LOT SEWAGE SYSTEM:**

START DATE: ESTIMATED COMPLETION DATE:

**NOTE:** A MAP/PROPERTY SURVEY/PLAN (SHOWING LOCATION AND SCOPE OF WORK) MUST BE ATTACHED TO APPLICATION. PROOF OF THE PUMPING OF THE CONTENTS OF THE EXISTING ON-LOT SEWAGE SYSTEM FROM A QUALIFIED SEWAGE DISPOSAL CONTRACTOR MUST BE PROVIDED WITH THIS APPLICATION. NO WORK SHALL COMMENCE UNTIL DESTRUCTION/REMOVAL PERMIT APPROVAL IS GRANTED BY HOPEWELL TOWNSHIP. UPON APPROVAL APPLICANT MUST SCHEDULE THE INSPECTION OF THE DESTRUCTION/REMOVAL WITH A TOWNSHIP REPRESENTATIVE. A TOWNSHIP REPRESENTATIVE MUST BE PRESENT TO WITNESS AND VERIFY THE DESTRUCTION/REMOVAL OF THE ON-LOT SEWAGE SYSTEM.

DESTRUCTION/REMOVAL PERMIT SHALL EXPIRE AND BECOME NULL AND VOID IF THE WORK HAS NOT BEEN COMMENCED AND COMPLETED WITHIN 3 MONTHS FROM THE DATE OF ISSUANCE.

A PA ONE CALL MUST BE PERFORMED PRIOR TO DIGGING.

**PERMIT APPLICATION FEE: $100.00 PAYABLE TO HOPEWELL TOWNSHIP**

**PERMIT GRANTED DATE GRANTED**

**PERMIT DENIED DATE DENIED**

**TOWNSHIP ENGINEER:**

**DATE**

**TOWNSHIP ZONING/**

**CODE ENFORCEMENT**

**OFFICER:**

**DATE**

**TOWNSHIP CHAIRPERSON:**

**DATE**