



**BRIDGEWATER TOWNSHIP HEALTH DIVISION  
100 COMMONS WAY  
BRIDGEWATER, NEW JERSEY 08807  
PHONE: 908-725-6300 EXT 5210 or 5205  
FAX: 908-595-0825**

**APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

**PLEASE PRINT**

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

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Please Check:**

Alteration (\$25.00) \_\_\_\_\_

New Construction (\$100.00) \_\_\_\_\_

Repair (\$25.00) \_\_\_\_\_

**Type of Building to be Served:**

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

**NOTE: If conducting a repair, please sketch drawing on the back of this application. The Health Division requires at least 48 hours notice for the scheduling of inspection.**

**\*Checks made payable to Bridgewater Township\***

**Total Amount Paid: \$** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Form of Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_

Received by: \_\_\_\_\_