



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 CONSTRUCT OR DECOMMISSION A WELL

PLEASE PRINT

Block: _____ Lot: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Email: _____

Contractor Name: _____ Contact Number: _____

Please Check:

New Construction (\$100.00) _____

Abandonment (No Fee) _____

Type of Building to be Served:

Residential _____

Commercial _____

NOTE: The Health Division requires at least 24 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: _____