



**Township of Hopewell
Mercer County
Department of Health**

**201 Washington Crossing Pennington Road Titusville NJ 08560
Phone: 609.737.0120 FAX: 609.737.6836
<https://www.hopewelltwp.org/>**

Permit #: _____

SEPTIC SYSTEM PERMIT APPLICATION

Address of Property: _____ Block: _____ Lot: _____

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name of Contractor or Licensed Engineer: _____

Mobile Number: _____ Email: _____

Name of Contracting Company: _____

Address of Contracting Company: _____

Contact Person: _____

Phone Number: _____ Email: _____

(1) New Construction -----	\$650.00	<input type="checkbox"/>	
(2) Alteration Existing Construction -----	\$625.00	<input type="checkbox"/>	
(3) Repairs -----	\$100.00	<input type="checkbox"/>	
tank install/replacement	connecting pipes	D-box	
filter bed	dosing tank	grease trap	
		pump	connect appliances
		other	_____
(4) Witnessing of Soil Logs -----	\$350.00 per day		
(5) Application Extension	Owner Transfer	\$50.00	
(6) Septic Abandonment		\$50.00	
(7) Redesigned Septic System Plan Review -----	\$200.00		

* Hopewell Township Health Department must have prior notification of the event and a septic inspection report. Health Department Inspector(s) must be on-site at time of work and witness the process in its entirety.

The undersigned applicant agrees to construct, maintain, and/or abandoned the aforementioned septic system in accordance with the provision of N.J.A.C 7:9A "Standards for Individual Subsurface Sewage Disposal Systems Statuary Authority", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____

Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF HOPEWELL)