



Township of Hopewell

Permit #: _____

Mercer County

Department of Health

201 Washington Crossing Pennington Road Titusville NJ 08560

Phone: 609.737.0120 FAX: 609.737.6836

<https://www.hopewelltp.org/>

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"/>
<input type="checkbox"/>
<input type="checkbox"/> | | |
| (2) Alteration Existing Construction ----- | \$625.00 | | | |
| (3) Repairs ----- | \$100.00 | | | |
| tank install/replacement | connecting pipes | D-box | pump | connect appliances |
| filter bed | dosing tank | grease trap | 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)