



TOWN OF CLINTON
 INCORPORATED APRIL 5, 1865
 43 Leigh St., P.O. Box 5194
 Clinton, N.J. 08809-5194
 (908) 735-8616 FAX (908) 735-8082

TOWN OF CLINTON WATER DEPARTMENT

APPLICATION FOR WATER RESERVATION

FOR WATER DEPARTMENT USE ONLY

Application No.: _____ Date Filed: _____
 Application Fee: _____ Small Project (\$250) Received By: _____
 _____ Large Project (\$1,500) Date Extension Requested: _____
 Extension Fee: _____ Small Project (\$250) Received By: _____
 _____ Large Project (\$1,500)

Approved Denied By: _____ Title: _____

Resolution No., if applicable _____ Date: _____ Signature: _____

TO BE COMPLETED BY APPLICANT

PROPERTY LOCATION

Street Address: _____

Municipality: _____ Block(s): _____ Lot(s): _____

Description of Existing Use: _____

Description of Proposed Use: _____

Is the property within the Town of Clinton Water Department Service Area? Yes No

APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Fax Number: _____

PROPERTY OWNER

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Fax Number: _____

PROJECT/USE TO BE SERVED

<input type="checkbox"/> Single Family Dwelling	Number of Bedrooms _____	Estimated Daily Usage _____ (See Page 3)
<input type="checkbox"/> Two Family Dwelling	Unit#1 - Number of Bedrooms _____ Unit#2 - Number of Bedrooms _____	Estimated Daily Usage _____ (See Page 3)

<input type="checkbox"/> Non-Residential Use (< 1,000 GPD)	Estimated Daily Usage _____ (See Page 4)
Description of Proposed Use: _____	Gross Floor Area: _____ SF
<input type="checkbox"/> OTHER*	Estimated Daily Usage _____ (See Pages 3 & 4)
Description of Proposed Use: _____	Gross Floor Area: _____ SF

<input type="checkbox"/> SMALL PROJECT (DEMAND < 1,000 GPD)	<input type="checkbox"/> LARGE PROJECT (DEMAND > 1,000 GPD ; NJDEP BWSE PERMITS REQUIRED)
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***For "OTHER" category projects include approvals required (attach a copy of applicable approvals)**

<input type="checkbox"/> Preliminary Site Plan/Subdivision	Approval Date: _____
<input type="checkbox"/> NJDEP Waterline Extension Permit	Approval Date: _____
<input type="checkbox"/> Redevelopment Plan	Approval Date: _____
<input type="checkbox"/> Zoning Permit	Approval Date: _____
<input type="checkbox"/> Variance Approval	Approval Date: _____
<input type="checkbox"/> General Development Plan	Approval Date: _____
<input type="checkbox"/> Council on Affordable Housing	Approval Date: _____
<input type="checkbox"/> Other	Approval Date: _____

ANTICIPATED CONNECTION DATE

Estimated Date of Service Connection _____

Estimated Date of Water Meter Installation _____

WATER RESERVATION CERTIFICATIONS

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I certify that I agree to follow the Rules and Regulations as may be promulgated by the Town of Clinton and the Town of Clinton Water Department regarding the Construction of Water System Facilities.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Applicant: _____

(Printed Name) (Signature of Applicant)

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership Owner. (If the applicant is a corporation this must be signed by an authorized corporate officer. I certify that I agree to follow the Rules and Regulations as may be promulgated by the Town of Clinton and the Town of Clinton Water Department regarding the Construction of Water System Facilities.

(If the applicant is a partnership, this must be signed by a general partner.)

Owner: _____

(Printed Name) (Signature of Owner)

RESIDENTIAL WATER DEMAND		
GENERATION BY TYPE/SIZE OF HOUSING		
TYPE/SIZE HOUSING	NUMBER OF RESIDENTS	RESIDENTIAL WATER DEMAND*
		(daily) (gallons per day)
Single-family detached		
2 Bedroom	2.13	215
3 Bedroom	3.21	320
4 Bedroom	3.93	395
5 Bedroom	4.73	475
Garden Apartment		
1 Bedrrom	1.57	120
2 Bedroom	2.33	175
3 Bedroom	3.56	270
Townhouse		
1 Bedroom	1.69	125
2 Bedroom	2.02	150
3 Bedroom	2.83	210
4 Bedroom	3.67	275
High Rise		
Studio	1.07	80
1 Bedroom	1.34	100
2 Bedroom	2.14	160
Mobile Home		
1 Bedroom	1.73	130
2 Bedroom	2.01	150
3 Bedroom	3.47	260
NOTES:	*Based on 100 gallons per person per day for single-family detached units and 75 gallons per person per day for other housing types (rounded).	
SOURCE:	U.S. Census, Public Use File--New Jersey (units built 1975-1980)	

NON-RESIDENTIAL AVERAGE DAILY WATER DEMAND	
TYPE OF ESTABLISHMENT	GALLONS PER PERSON
Rooming House	50
Boarding House*	75
a For each nonresident boarder	15
Hotel*	50-75
Motel or tourist Cabin	50-75
Restaurant**	
a Sanitary Demand	5
b Kitchen Demand	5
c Kitchen and Sanitary Demand	10
Camp***	
a Barracks Type	50
b Cottage Type	40
c Day Camp (no meals served)	15
Day School	
a No cafeteria or showers	10
b With cafeteria and no showers	15
c With cafeteria and showers	20
d With cafeteria, showers and laboratories	25
Boarding School*	100
Health care institution other than hospital	75-125
Hospital (depending on type)	150-250
Industrial facility (8 hour shift)	25
Picnic grounds or comfort station	
a With toilet only	10
b With toilet and showers	15
Swimming pool or bathhouse	10
Club House*	
a For each resident member	60
b For each nonresident member	25
Nursing Home	150
Campground	
a Without individual sewer hook-up	75 per site
b With individual sewer hook-up	100 per site
c With laundry facility and individual sewer hook up	150 per site
Store, office building	0.125 gal/sq. ft
Self-service Laundry	50 gal/wash

*Includes kitchen demand at 10 gallons per person per day. If laundry demand is anticipated, the estimated water demand shall be increased by 50 percent.

**Demand projections shall be calculated by multiplying the certified seating capacity of the establishment by the applicable water usage in gallons per person under 9a, b, or c above, and by a factor of 1, 2, or 3 reflecting the hours of operation, as follows: one to six hours(1), seven to 12 hours(2), or more than 12 hours(3).

***When the establishment will serve more than one use, the multiple use shall be considered in determining water demand.

Based on NJAC 7:10-12.6 WATER VOLUME REQUIREMENTS

Amended by R.2004 d. 442, effective December 6, 2004