



Bergen County  
Utilities Authority

**Connection Program Project Referral** BCUA REFERRAL# \_\_\_\_\_

BCUA use only

In accordance with Article X Rules and Regulations, any person seeking to connect to the sewer or change the operation of an existing connection must complete this form. This form must be completed in its entirety and faxed to BCUA at (201)-807-8640. For assistance please contact, Nina Soto (201)-807-8677, Richard Andretta (201)-807-8642 or the Inspector listed below.

<b>Municipality:</b> Haworth	<b>Contact:</b> Kevin Burnette
<b>Street Address:</b> 300 Haworth Ave	<b>Phone#:</b> (201)384-4785 <b>Date:</b>

I certify that the information provided below is accurate \_\_\_\_\_  
Municipal Signature

**1. Applicant Information (Please Print Neatly This is Where Your Approval Letter Will Be Mailed)**

<b>Name:</b>		<b>Contact:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>	

**2. Owner Information (If Different From #1) (Please Print Neatly)**

<b>Name:</b>		<b>Contact:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>	

**3. Project Information (Please Print Neatly)**

<b>Address:</b>			
<b>City:</b>	<b>Zip Code:</b>	<b>Block :</b>	<b>Lot:</b>
<b>Project Description:</b>			

New Build  Knockdown/Rebuild  Renovation  Addition

**Residential**

Category	Existing Bedrooms	Proposed Bedrooms
One family		
Multi-Family	Existing	Proposed
# of 1 Bedrooms		
# of 2 Bedrooms		
# of 3 Bedrooms		

**Commercial**

Category	Existing	Proposed
Retail/Office/Sq ft		
Restaurant/Seats		
School/Students		
Warehouse/Employees		
Misc.		

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Reviewed By: \_\_\_\_\_ BCUA Supervisor: \_\_\_\_\_

Action: \_\_\_\_\_

Inspector: John Mitchell (201) 362-6913