

PRINCETON HEALTH DEPARTMENT

One Monument Drive -- Princeton, NJ 08540 Phone: (609)497-7608 Fax: (609)924-7627

SEPTIC SYSTEM APPLICATION



Application for Permit to Locate and Construct an Individual Septic System PLEASE SUBMIT TWO (2) COPIES OF THE SEPTIC PLAN

Name of Applicant (Print):		
Street Address: Block: E-mail:		Lot:	
Owner (if not the sar	ne as above):		
Address:			Phone No.
			E-mail:
Address:Phone No			Fax No
New Construction	on (Fee: \$775)	☐Alteration (Fee:	\$600)
Repair (Minor &	& In-Kind Replace	ement - Fee: \$100)	
Repair (Tank &	Disposal Review	- Fee: \$200 + \$75 P	lan Review = \$275)
Septic Plan Revis	sion (Fee: \$350)		575) Septic Abandonment (No fee w/ sewer hookup)
Type of Facility:	Residential	Non-residentia	
Type if Non-Residen	ntial:		
Type of Wastes:	Sanitary	Industrial	Other
Type of Water:	Private Well	Public Wate	r
Other approvals/cert	fication/waivers/ex	xemptions (attach):	
U.S.Army Corp	☐ NJI	DEP Flood Plain	Other (specify)
Note: All application include such things the proposed septicalso be submitted.	ons must be accon as the size of the l systems, distance	npanied by two (2) s ots, boundary lines, s, materials, etc. Ap	ets approved plot plan. These plans must contours, locations of wells, specifications of proved permeability tests and soil logs shall
Number of Lots this	s Submission:	Tot	al Amount Submitted:
I hereby certify that a swearing is a crime i		•	his application is true. I am aware that false
Signature of Applic	ant		Date
		CALTH DEPARTM	
Application Fees Re	eceived:		
Date:	Initials:	Appl	cation No.: