

Green Sergeant's Bridge
New Jersey's Only Remaining Covered Bridge

Delaware Township

Hunterdon County, New Jersey

www.DelawareTwpNJ.org

OFFICE OF BOARD OF HEALTH

PO BOX 500
TOWNSHIP HALL
SERGEANTSVILLE, NJ 08557
(609) 397-3240, Ext. 202
Direct FAX Number (609) 397-4893

DELAWARE TOWNSHIP BOARD OF HEALTH

CHECKLIST FOR ENGINEERS

WHEN REQUESTING A WAIVER DUE TO SET BACK LINES OR APPLYING FOR A SUBDIVISION

The Delaware Township Board of Health requests the following information be provided when appearing before the board. This information should be provided (10 business days before the meeting date) when submitting the eleven (11) copies of the septic system design plans, the letter from the County Health Department, and a copy of the Application to Construct or Alter an Individual Sewage Disposal System.

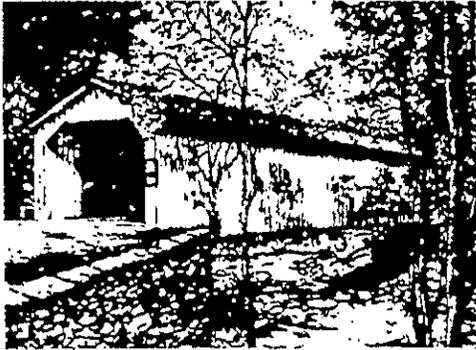
Engineering Firm: _____ Telephone: _____

Property Owner: _____ Block _____ Lot _____

Property Address: _____ City: _____

Enclosed

- 1. An Aerial view of the property (this can be obtained off the internet) _____
- 2. The location of the reserve area on neighboring properties _____
- 3. The location of property lines _____
- 4. The location and distance of neighboring wells and septic's _____
- 5. Results from failed tests in the building envelope _____



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HEALTH DEPARTMENT APPROVALS – Septic Repair, Waiver, Etc.

If you need to be heard by the Delaware Township Board of Health for other matters not resulting in a Subdivision, please fill out the application below with all necessary paperwork that will be needed for review by the Board and the County Health Department.

Please provide the Board with this application, County Health Department approval, and 11 sets of plat plans 10 (ten) days prior to the next scheduled meeting so that you can be heard. There is no fee charged by the Township Board of Health to be heard in this matter, but please contact the County Health Department to obtain the appropriate fees in this matter.

Name: _____ Block _____ Lot _____

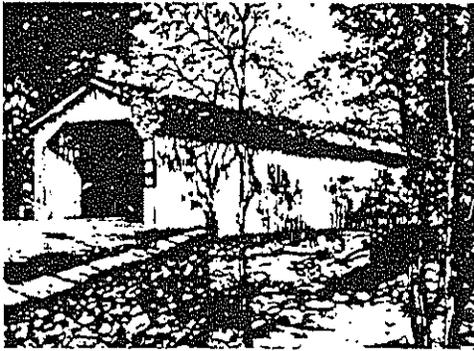
Address: _____

Phone: _____

Engineer: _____ Phone: _____

State reason to be heard before the Board: _____

Date of Proposed Hearing: _____



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HEALTH DEPARTMENT APPROVALS - SUBDIVISION

Applicants for subdivisions in Delaware Township must first obtain approvals from the Delaware Township Board of Health and the Hunterdon County Department of Public Safety. They review the soil test results to be sure that the septic system can be designed and constructed that will properly address health and safety issues. These approvals are conditions prior to your appearance before the Planning Board.

It is your responsibility to arrange for these approvals. Please complete this form in duplicate and provide it with whatever other information the Township and County need to complete their reviews. Danene Gooding is the Delaware Township Board of Health Secretary. You can reach her at 609-397-3240 ext. 202. The phone number for the Hunterdon County Department of Public Safety is 908-788-1351. They are located on Route 12, in Flemington.

Please attach one copy of your subdivision plat and the complete soil test results if separate from plat to this application for each board.

The Delaware Township Board of Health requires that each applicant submit their application, County Department of Public Safety approval, and 11 sets of plat plans 10 (ten) business days prior to the next scheduled meeting so that you can be heard.

The Hunterdon County Department of Public Safety currently charges the following fees:
1-3 Lots: \$75.00 4-10 Lots: \$110.00 11-20 Lots: \$160.00 21+ Lots \$245.00

The Delaware Twp. Board of Health currently charges \$100 Base Fee for Subdivision and \$25 for each lot.

Please complete the following attached application:

Minor Subdivision: _____ Major Subdivision _____

No. of Lots Created: _____ Existing septic on Property? Yes No

Applicant: _____ Address: _____

Block _____ Lot _____ Phone: _____

Engineer: _____ Phone: _____

Date of Proposed Subdivision Hearing: _____

Fee Attached: _____ Plats Attached: _____ Test Results Attached _____