

**UPPER MONTGOMERY JOINT AUTHORITY
SANITARY SEWER SYSTEM
TRANSFER OF CAPACITY APPLICATION**

1. Owner Name: _____
2. Contact Person: _____
3. Phone/Fax: _____
4. Billing Address: _____

5. Property from which Capacity is proposed to be transferred:

Owner(s) Name on deed of record: _____

Address of Property: _____

Municipality: _____

Tax Map Identification:

Map Number: _____ Parcel Number: _____

6. Property to which Capacity is proposed to be transferred:

Owner(s) Name on deed of record: _____

Address of Property: _____

Municipality: _____

Tax Map Identification:

Map Number: _____ Parcel Number: _____

7. Number of EDUs proposed to be transferred: _____

***Note:** At least one EDU must remain with the property from which capacity is proposed to be transferred

8. Attach copies of the current recorded deeds for all properties involved in the proposed transfer.

9. Fee and Escrow required

- a. A non-refundable administrative fee of **\$30.00** per EDU of capacity proposed to be transferred must be submitted with this application. (Example: If two EDUs of capacity are sought to be transferred, the fee would be **\$60.00**)
- b. An initial escrow of **\$500.00** must also be submitted with the application. The escrow will be used to cover the cost of services performed by the Authority's professional consultants in connection with the application and review process. The applicant may be required to submit additional escrow amounts. Only any unused portion of the escrow paid will be refundable regardless of whether the application is approved or not.
- c. The fee and escrow payments must be paid with two separate checks payable to the "Upper Montgomery Joint Authority"

10. Agreement

If the application for transfer is approved, the approval will be conditioned on the applicant signing an agreement with the Authority governing the terms and conditions of the transfer.

11. Application Review

Any or all information provided shall be subject to verification and acceptance by the Upper Montgomery Joint Authority in accordance with the Rules and Regulations of the Upper Montgomery Joint Authority in effect at the time of submission of the application. A copy of the current Rules and Regulations relating to transfer of capacity is attached. If the applicant is a type of entity, the applicant will be required to submit additional documentation as determined by the Authority.

IF AN INDIVIDUAL(S):

Date: _____

Applicant Signature

IF AN ENTITY:

Date: _____

Name of Entity

By: _____
(Print name and title)

Authority Use Only

Application Approval Date: _____

Application Approval Signature: _____