



Last Revised: January 1, 2025

SINGLE FAMILY DWELLING – NEW CONSTRUCTION (NO EXISTING SERVICE) (This application shall not be used for Single-Family Subdivisions)

(1	nis application snai	ii not be used	ı tor Single-Fa	amily Subalv	isions)	
DATE OF APPLICATION:						
PROPERTY ADDRESS:						
MUNICIPALITY(IES):			_BLOCK(S):		LOT(S):	
APPLICANT:						
ADDRESS:						
TOWN:			STATE:		_ZIP CODE:	
HOME/OFFICE PHONE:		CELL:		EMAIL:		
CONTACT PERSON(S):						
PROPERTY OWNER:						
ADDRESS:						
TOWN:			STATE:		_ZIP CODE:	
HOME/OFFICE PHONE:		CELL:		EMAIL:		
SERVICE REQUESTED(1):	DOMESTIC ONLY	FIRE S	SPRINKLER	☐ IRRIGA	TION	
REQUESTED SIZE ⁽²⁾ : TAP/	SERVICE:	SIZI	NG CERTIFICA	ATION ATTAC	CHED ⁽²⁾ : YES	
S METER PIT INSTALLED ⁽³⁾ :	☐ YES	☐ NO				
 SMCMUA shall install the tap contacting SMCMUA. This is Sizing shall be as per applica accordingly. Submit "Services" All residential services are remote Meter pit (or hot box) to be 	s considered theft of s cable plumbing code/ e Sizing Certification". quired to have the me	service and is s fire code. Ap eter installed in	ubject to substoplicant shall policant shall policant of the control of the contr	tantial fines. Provide certific Pr hot box) at t	cation that prop	posed service is sized
details. Applicant will be invoiced for	or tanning fee lif re	anuired) and	or connectic	on fee lif red	nuired) as ner	Schedule 6 and/o

Applicant will be invoiced for tapping fee (if required) and/or connection fee (if required) as per Schedule 6 and/or Schedule 13 of the SMCMUA's Rules and Regulations.

Schedule	Service	Size	Fee	
	Tap (does	3/4"	\$1,165.07	
6	not include	1"	\$1,685.44	
	meter cost)	1	\$1,065.44	
13	Connection Fee		\$5,762.00 per EDU	

		·	
Submitted by:	(name printed)		(signature)
I certify that I have personally ex	camined and am familiar with the information su	bmitted in this document a	nd all attachments and that, based on

my inquiry of those individuals immediately responsible for obtaining and preparing the information, I believe that the information is true, accurate, and complete.

THIS FORM SHALL BE PRINTED ON COMPANY LETTERHEAD

SERVICE SIZING CERTIFICATION(1)

 $^{(1)}$ A separate form is needed for the domestic service and for the fire service, if applicable

Date:	
Southeast Morris County Municipal Uti Engineering Department 19 Saddle Road Cedar Knolls, NJ 07927	lities Authority
Re: Fire and/or Domestic Service Line S(p Block Lot(m	
To: SMCMUA Engineering Department:	
Attached are the applicable signed and for the above referenced project.	sealed service sizing calculations in support of the development application
The building use is and the applicant is requesting the follo	
-	rmined in accordance with (plumbing or fire code reference)
-	not review or approve sizing calculations or code requirements and this confirm the service size requested for the development.
Submitted by:	(signature)
(nam	ne of person preparing the calculations)
(lice	nse type/number of person preparing the calculations)
⁽²⁾ Fire line calculations are generally proby an Architect, Engineer or Plumber.	epared by a MEP Engineer. Domestic Calculations are generally prepared
Encl: Service sizing calculations	

Date	
Street Address	
Block/Lot	
Municipality	
SINGLE-FAMILY HOME FIXTURE C	OUNT
Sizing of the single-family residential meter is b fixture count which is based upon Appendix B c edition of the NJ Plumbing Code. The fixture cocalculate the gallons per minute (gpm) which is determine the meter size.	of the latest ount is used to
Fixture Type	Quantity
Full bathrooms (toilet, sink and shower/tub)	
Half-bathrooms (toilet and sink only)	
Kitchen with Sink and Dishwasher	
Laundry with Sink and Clothes Washer	
Additional Sinks of any type	
Hose Bibbs (outdoor fixtures)	
Additional water using fixtures not listed above	- describe below
Irrigation: Enter estimated GPM for max. zone (if applicable) ⁽¹⁾	
(1) Irrigation is not added to the fixture count becau that irrigation is used between 12pm and 6am when not being used. This is to determine if the irrigation the sized meter.	n other fixtures are
TO BE SIGNED BY PERSON COMPLETING To a certify that I have personally examined and am familiar submitted in this document.	
	_(name printed)
	(signature)
FOR SMCMUA USE ONLY	
Total WSFU:	
Equivalent GPM:	
Meter size:	