

**LONG BRANCH SEWERAGE AUTHORITY  
150 JOLINE AVENUE  
P.O. BOX 720  
LONG BRANCH, NJ 07740**

**FORM E-5 (Page 1 of 2)**

**APPLICATION FOR DISCONNECTION OF SEWERAGE FACILITIES**

**FILL IN AS EACH ITEM MAY APPLY - USE N/A IF NON-APPLICABLE**

Date \_\_\_\_\_

Application for **DISCONNECTION OF EXISTING SEWERAGE FACILITIES IN LONG BRANCH, COUNTY OF MONMOUTH, STATE OF NEW JERSEY.** This application must be filed with the Executive Director of the Authority, accompanied by plan showing the proposed plumbing layout and/or connection. Please answer all questions.

1. Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. Name of Present Property Owner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

3. Key Location or Street Location of Project \_\_\_\_\_

\_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

4. Number of proposed lots to be disconnected \_\_\_\_\_

Number of laterals to be disconnected \_\_\_\_\_

**APPLICATION FOR DISCONNECTION OF SEWERAGE FACILITIES**

5. New Jersey Licensed Plumber performing the work:

Firm \_\_\_\_\_

Name of Plumber \_\_\_\_\_ Lic. No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

6. Describe proposal for disconnection: (See Section 4.7 of LBSA Rules and Regulations)

\_\_\_\_\_  
\_\_\_\_\_

7. Owner and applicant have read the LBSA Rules and Regulations and fully understand all necessary requirements. Yes \_\_\_\_\_

**The Authority must be notified 24 hours in advance of the proposed disconnection, and an Authority Inspector must be in attendance.**

\_\_\_\_\_  
(Signature of Owner) (Signature of Applicant)

\_\_\_\_\_  
(Name of Owner, typed/printed) (Name of Applicant, typed/printed)

\_\_\_\_\_  
(Owner's Position or Title) (Applicant's Position or Title)