

**City of Cape May Water/Sewer Utility**  
**643 Washington Street**  
**Cape May NJ, 08204**  
**(609) 884-9575**  
[DRoth@CapeMayCity.com](mailto:DRoth@CapeMayCity.com)

**APPLICATION FOR WATER/SEWER CONNECTION**

Date \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Property Location: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Water/Sewer Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Single-Family Home/Condo/Business: \_\_\_\_\_

Project Type:      Commercial ( )      Residential ( )

Type of Business if Business: \_\_\_\_\_

Number of Units \_\_\_\_\_ Size of Water Service: \_\_\_\_\_ Size of Sewer: \_\_\_\_\_

Name of Plumber: \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Applicant's Engineer if any: \_\_\_\_\_

Date of Planning Board Preliminary Review \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

**Fees and Approval**

Water Connection: \$\_\_\_\_\_ Sewer Connection: \$\_\_\_\_\_

Water Installation: \$\_\_\_\_\_ Sewer Installation: \$\_\_\_\_\_

Water Materials/Meter: \$\_\_\_\_\_ Sewer Materials: \$\_\_\_\_\_

Total Water Fees: \$\_\_\_\_\_ Total Sewer Fees: \$\_\_\_\_\_

Total Water & Sewer Fees: \$\_\_\_\_\_

Approval of Utility: Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Signature of W/S Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\*\* Upon approval and payment of all fees of this application for water and sewer connection a new utility account will be created.

\*\*The Developer shall be responsible for complying with any other City or State requirements that may apply and for obtaining any and all other approvals/permits (ie: street opening) that may be needed.