

**Newtown, Bucks County, Joint Municipal Authority**  
*15 South Congress Street – P.O. Box 329*  
*Newtown, PA 18940*  
*(215) 968-4109*

# NON-RESIDENTIAL EDU APPLICATION

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## **Important Information Below:**

Please complete all information contained within this application and return to the address listed below.

The information that you provide will be used to determine if the Newtown, Bucks County, Joint Municipal Authority (NBCJMA) has adequate capacity in the sanitary sewer system to support your proposed property/business location.

In addition to the following information, the NBCJMA may also require plans be submitted to the office at the address listed below. All restaurants **MUST** submit plans depicting ALL seating without exception.

**\*\*\*If adequate capacity is not currently allocated for your proposed location, additional capacity must be purchased from the NBCJMA before you can open. Any location that opens and does not provide the following information and/or purchase the required fees may have the water service shut off to the property until all fees and forms are submitted to the NBCJMA.\*\*\***

If you have any questions about how to complete this packet please feel free to contact our office at  
**(215) 968-4109**  
**15 S. Congress Street**  
**Newtown, PA 18940**

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## I. General Information

Business/Company Name \_\_\_\_\_

Proposed Business Location (Street & Number) \_\_\_\_\_

Business Address: Street \_\_\_\_\_

Suite/PO \_\_\_\_\_

City/St/ZIP \_\_\_\_\_

Business Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Business Service/Product Description (be specific) \_\_\_\_\_

Chemicals Discharged Into Sanitary Sewer \_\_\_\_\_

Are You Leasing the Property Location? Yes No

- If Yes, provide owner's name and phone # \_\_\_\_\_

## II. Specific information (check ALL that apply) \*\*Plans/Drawings may be required\*\*

Circle Yes or No for All Answers and Fill in all spaces that apply

Complete additional sheet at the end of the packet for any additional information that you wish to provide

**TOTAL** square footage of indoor space \_\_\_\_\_

a) Is location a restaurant? Yes No

- If yes, TOTAL number of seating if restaurant \_\_\_\_\_ \*\*includes bar seating and outdoor seating\*\*

b) Is location a medical doctor office? Yes No

- If yes, TOTAL number of exam rooms if doctors office \_\_\_\_\_

c) Is location a dentist office? Yes No

- If yes, TOTAL number of dental chairs if dentist office \_\_\_\_\_

d) Is location a warehouse? Yes No ~ If yes, does warehouse also have office space? Yes No

e) Is location a retail gas station? Yes No ~ If yes, does gas station also has a car wash? Yes No

f) Is location a hair salon? Yes No

- If yes, TOTAL number of work stations/chairs \_\_\_\_\_

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- g) Is location a hotel or motel? Yes No
- If yes, TOTAL number of units with kitchen and/or laundry facility in unit \_\_\_\_\_
  - If yes, TOTAL number of units with kitchen and/or laundry facility in unit and more than one bedroom \_\_\_\_\_
  - If yes, TOTAL number of units without kitchen and/or laundry facility \_\_\_\_\_
- h) Is location a meal caterer? Yes No
- If Yes, are meals served on premises? Yes No
  - If Yes, are meals served off premises? Yes No
- i) Is location a general hospital? Yes No
- If yes, TOTAL number of beds \_\_\_\_\_
- j) Is location a rest home/nursing home? Yes No
- If yes, TOTAL number of beds \_\_\_\_\_
- k) Is location a funeral home? Yes No
- If yes, TOTAL number of viewing rooms \_\_\_\_\_
- l) Is location a public or private school? Yes No
- If yes, TOTAL number of pupils AND employees \_\_\_\_\_
- m) Is location a boarding school? Yes No
- If yes, TOTAL number of pupils \_\_\_\_\_
- n) Is location a day care school? Yes No
- If yes, TOTAL number of pupils AND employees \_\_\_\_\_
- o) Is location a Self-service Laundromat? Yes No
- If yes, TOTAL number of washing machines \_\_\_\_\_
- p) Is location a Cleaner (Dry Cleaner)? Yes No
- q) Is location a theater? Yes No
- If yes, TOTAL number of seats \_\_\_\_\_
- r) Is location a bowling alley? Yes No
- If yes, TOTAL number of lanes \_\_\_\_\_

Representative Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Representative Name (Print) \_\_\_\_\_ Position \_\_\_\_\_

Representative Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Previous Tenant (if known) \_\_\_\_\_

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**Provide additional info below that you wish to provide.**

**Explain if your location contains multiple types of businesses/uses and the square footage each business/use occupies**

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**OFFICE USE ONLY**

SEWER AUTHORITY SIGN OFF/APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT EDU'S \_\_\_\_\_ ADD'TL REQUIRED \_\_\_\_\_ EDU'S PURCHASED \_\_\_\_\_ TOTAL \_\_\_\_\_ CHK# \_\_\_\_\_