



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-03 Division of Water Supply & Geoscience –
Bureau of Water System Engineering
401 East State Street - P. O. Box 420, Trenton, New Jersey 08625-0420
Standard Application Form to Extend a Permit Term of
Permits to Construct/Modify/Operate Public Water Works Facilities
Or State Certification of 50 or More Realty Improvements

1. *Applicant/Owner: _____
 Permanent Legal Address: _____
 City/Town _____ State _____ Zip Code _____
 Telephone (____) _____ Fax Number (____) _____
 Name of Public Water System _____
 PWSID # _____ Public Water System e-mail address _____

2. Permit Number WCP _____ Issuance Date: _____
 Current Expiry Date: _____
 Project Description: _____

3. In accordance with N.J.A.C 7:10-11.5(m) I hereby request an extension of time of two years for the above referenced permit that has not been completed.

4. Reason for the Extension of Time Request:

5. ***APPLICANT’S CERTIFICATION**

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

In accordance with N.J.A.C. 7:10-11.5(m) I hereby certify that:

- a. there has been no significant change in any of the following between the date the existing permit was issued and the date the application for extension is submitted:
 - i. The project and activities that were approved in the existing permit including projected demand if applicable; and
 - ii. There is available firm capacity and water allocation determined in accordance with N.J.A.C. 7:10-11.5(e).
- b. The permit holder is not in receipt of a Department order regarding a violation of any of the terms of the existing permit.
- c. The permit has not expired.
- d. This request to extend a permit has been submitted to the Department at least 90 days prior to expiration date of the existing permit.

 Type: Name

 * Signature of Applicant/Owner’s Authorized Representative

 Type: Position

 Date of Application

Please note that all signatures shall be originals and not photocopies.

*** Please note that for all requests other than Certification of 50 or More Realty Improvements the applicant shall be the Public Water System and not a developer, land owner or engineering firm, etc.**