Township of Long Hill  
Application for Sump Pump Inspection

Address:______________________________  Block_____ Lot__________

Name of Owner:________________________ Phone:____________________

Name of Agent:________________________ Phone:____________________

Closing Date:________________________

Name of New Owner if Known:________________________

Fee Paid:_______ Check #:_______ Date:_______

Authorized Signature

The purpose of this inspection is to verify legal discharge connections of sump pumps

FEE: $50.00 PLEASE SUBMIT NO LATER THAN 10 DAYS PRIOR TO CLOSING DATE

For office use only:  Permit #__________ Inspection Date/Time________________________