



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 _____