

# Borough of Franklin Lakes

480 DEKORTE DRIVE  
FRANKLIN LAKES, NEW JERSEY 07417  
201-891-4000 Ext. 1210

## BOARD OF HEALTH Plan Submissions

Date:	Municipality: Franklin Lakes	Address:	
Contact Name:		Block:	Lot:
Phone Number:		E-Mail:	

### Reason for paperwork submission:

- |   |  |
|---|--|
| <input type="checkbox"/> Building Plan                      | Installation of Septic System                          |
| <input type="checkbox"/> Septic Plan Review                 | <input type="checkbox"/> ATU/UV Light Service Contract |
| <input type="checkbox"/> Septic Repair - Attach Repair Form | <input type="checkbox"/> Deed Restriction              |
|   | <input type="checkbox"/> Electrical Permit             |
|   | <input type="checkbox"/> Plumbing Permit               |

### If Building Plans are being submitted, please select all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> New Home  | Pool                                    |
| <input type="checkbox"/> Addition  | <input type="checkbox"/> Above ground   |
| # of Existing Bedrooms _____   | <input type="checkbox"/> In-ground      |
| # of Proposed Bedrooms _____   | <input type="checkbox"/> Semi in-ground |
| (after project completion)   |   |
| <input type="checkbox"/> Deck  |   |
| <input type="checkbox"/> Outdoor Plumbing  |   |
| <input type="checkbox"/> Bathroom  |   |
| Will an ejector pump be used in the house Yes <input type="checkbox"/> No <input type="checkbox"/> |   |

### Other:

(Please describe work being performed)

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### Official Use Only

Date Received:	Received By:
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**FRANKLIN LAKES BOARD OF HEALTH FEES:**

SEPTIC INITIAL PLAN REVIEW PERMIT	NO CHARGE – FEE INCLUDED WITH TESTHOLE
REVISED SEPTIC PLAN REVIEW	\$50.00
SEPTIC SYSTEM REPAIR	\$100.00
SEPTIC SYSTEM ABANDONMENT	\$100.00
PLAN REVIEW – SITE/ARCHITECTURAL	\$50.00/REVISED \$75.00
WELL CONSTRUCTION	\$200.00
FOOD ESTABLISHMENT PLAN REVIEW	\$50.00