

# North Charleston Sewer District

7225 STALL ROAD / P.O. BOX 63009

NORTH CHARLESTON, SC 29419

Telephone (843) 764-3072

Fax (843) 764-2655

## APPLICATION FOR ENCROACHMENT PERMIT

**APPLICANT:**

**(NAME &  
ADDRESS)**

**TELEPHONE:**

1. The undersigned applicant hereby applies to the North Charleston Sewer District for a permit for encroachment on the District property or easement as shown and described below:
2. Description and type of encroachment:
3. Details of proposed encroachment (Attach drawings showing the encroachment on the property or easement).
4. The undersigned applicant hereby requests the North Charleston Sewer District to permit encroachment on the District property or easement as described herein. It is expressly understood that the encroachment shall be in accordance with the description and details attached hereto and made part hereof, including the Special Provisions. The applicant agrees to assume any and all liability that may be caused by the construction, maintenance, use, moving or removing, of the physical appurtenances contemplated herein and agrees to indemnify the North Charleston Sewer District from any liability incurred or injury or damage sustained by reason of the past, present, or future existence of said appurtenances.

Applicant Name: \_\_\_\_\_  
(Print or type name)

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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\_\_\_ In compliance with your request and subject to all the provisions, terms, conditions and restrictions stated in the application and special provisions below or attached hereto, the District approves the request.

**SPECIAL PROVISIONS:**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_