



North Charleston Sewer District

Post Office Box 63009 / 7225 Stall Road
North Charleston, South Carolina 29419
Phone (843) 764-3072 / Fax (843) 764-2651

Permit # _____

COMMERCIAL BUILDING SEWER CONNECTION APPLICATION

North Charleston Sewer District provides sanitary sewer service within Charleston County from Mt. Pleasant Street in the City of Charleston bordered by the Ashley and Cooper Rivers to the Berkeley and Dorchester county lines. To determine sanitary sewer availability and capacity, the following information on the property must be provided.

Please Print

The undersigned, _____ being the owner or owner's agent (please specify by circling) of the property located at (street address) _____.

Lot _____, Block _____, TMS # _____

Subdivision _____ does hereby request a permit to install and connect a building sewer to serve the said location.

FILL IN THE APPROPRIATE INFORMATION:

Commercial Units

Bar (Lounge):	Office:
No. of Seats _____	No. of Employees _____
No. of Employees _____	
Bowling Alley:	Office Building:
No. of Lanes _____	No. of Separate Office Units _____
Church:	School:
No. of Seats _____	No. of Students _____
Factories:	Shopping Center:
No. of Employees _____	Square Feet _____
Restaurant:	Laundromat:
No. of Seats _____	No. Machines _____
Motels/Hotels:	Other (Specify):
No. of Rooms _____	Wastewater flow Gallons/Day _____

Water Source: Well City Number of Meters: _____

Name and address of person(s) performing the proposed plumbing work:

Name _____
Address _____
Telephone _____

Name and address of person(s) local contact:

Name _____
Address _____
Telephone _____

Projected Business Opening Date _____

Please review specifications and conditions on the reverse side, sign and return to the above address Attn. Accounting Department.

SPECIFICATIONS FOR SERVICE LATERALS

1. Each commercial unit shall be served by a minimum of 6-inch diameter Lateral service line
2. Wye connections serving more than one (1) unit must be made by utilizing a 6x6 wye connection.
3. Clean-outs must be located at property line, at each building connection location, and at any turn of 45° or more and every 50 feet.
4. Clean-outs must be constructed to ground level.
5. All lines on private property must be constructed of Schedule 40 PVC pipe or SDR 35 PVC pipe or Ductile Iron pipe.
6. Should the service lateral not be serviceable, the replacement, extension or repair will be done at the applicant's expense. Replacement or extension of service laterals often require a SCDOT Encroachment Permit and work cannot begin until all such required permits are approved.

**IN CONSIDERATION OF THE GRANTING OF THIS PERMIT,
THE UNDERSIGNED AGREES:**

1. To accept and abide by all provisions of The North Charleston Sewer District's Rate and Use Resolution, and of all pertinent resolutions or regulations that may be adopted in the future.
2. To maintain the building or establishment sewer at no expense to the North Charleston Sewer District.
3. To notify the North Charleston Sewer District 24 hours in advance when requesting inspection of the connection of the building to the public sewer, but before any portion of the work is covered.
4. That if building is expanded or if any change in the use of the building or establishment increases the unit contributory loading (wastewater flow) beyond that which has hereby been approved by the North Charleston Sewer District, I shall be required to pay additional connection fee(s) for the increased loading, based on current connection fee per REU (250 gallons per day) or portion thereof.
5. That the monthly sewer service charge will be based on volumetric measurement of water usage at the business establishment obtained through monthly water meter readings. I also understand that each individual business establishment, or business establishment within a commercial complex, must have a separate water meter and a separate sewer service account.
6. That the connection fee for the structure covered by this application is \$_____ Connection fees are subject to change without notice.
7. Name and telephone number of person(s) performing plumbing work: (Please Print)

Date: _____

Phone Number _____

Signed: _____

Print Name _____

Mailing Address: _____

TO BE COMPLETED BY ACCOUNTING DEPARTMENT

PERMIT ISSUED NO.: _____

DATE OF ISSUE: _____

PERMIT ISSUED BY: _____