



Application for Utility Service

TRACKING NUMBER

Empty tracking number box

CUSTOMER INFORMATION

Name: _____
Phone #: _____
Alternate Phone # _____
Billing Address: _____
Customer Signature _____

PROPERTY INFORMATION

Service Address: _____
Subdivision/Project: _____
Tax Parcel #: _____
Lot # _____ Block _____ Acres _____
Today's date _____

Office Use Only

1. BUILDING STANDARDS

Customer Type: New [] Existing [] Builder [] Developer []
Facility Type: Single Family [] Mobile Home []
Multi-Family [] # of Units _____
Commercial [] Industrial []

Water Service Requested: Meter Set [] Meter & Line []
Irrigation [] Fire System []
Relocate [] # of Sprinkler Heads _____
Size: 3/4" [] 1" [] 2" [] 3" [] 4" [] 6" []
Wastewater Connection Requested: Size 6" [] Other _____

2. SUPERINTENDENT OF UTILITY OPERATIONS

1. Is property within City Limits? Yes [] No []
2. Is service requested available? Yes [] No []
3. Utility extension required? Yes [] No []
4. SCDOT permit required? Yes [] No []
5. DHEC permit required? Yes [] No []
6. Easements required? Yes [] No []
7. Estimated installation time _____

Fees: Water Wastewater
Standard Tap _____ Standard Tap _____
Utility Ext Fee _____ Utility Ext Fee _____
Added Cost _____ Added Cost _____
Total _____ Total _____
Total Fees \$ _____

OK to collect tap fee(s)? Yes [] No []

Signature _____ Date _____

3. CITY ADMINISTRATOR

1. Annexation required prior to collecting tap fee? Yes [] No []
2. Annexation Agreement required prior to collecting tap fee? Yes [] No []
Signature _____ Date _____

4. BUILDING STANDARDS

Date applicant notified _____ Date Annex. document signed: _____
Tap fee amt paid \$ _____ Date paid _____ Date Annex. document sent to Clerk _____

5. CITY CLERK

Date Annex. document rec'd _____ Date recorded _____ Date Filed _____

6. UTILITY OPERATIONS

Date service installed _____ Installed by _____

7. UTILITY BILLING COORDINATOR

Date entered into system _____

8. BUILDING STANDARDS

Date filed _____