



SEWER CONNECTION APPLICATION

Date: _____

Account Number: _____

Name: _____

Receipt Number: _____

Address: _____

Connection Fee: _____

Phone Number: _____

Capacity Fee: _____

SCDOT Material Fee: _____

Location: Inside City Outside City

Use of Location: Residential Business Restaurant Motel

Plumber/Engineer:

Tax Map Number/Directions:

Applicants Signature

Director/Superintendent Approval

Date: _____

Date: _____

*****OFFICIAL USE ONLY*****

TAP INSTALL DATE: _____ TAP INSTALLED BY: _____