



P.O. Box 63009, 7225 Stall Road
North Charleston, SC 29419
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: \_\_\_\_\_