

REQUEST FOR SEWER SYSTEM CAPACITY EVALUATION FOR BUILDING PERMIT

Name: _____ Date: _____

Address: _____

Phone #: _____ Fax #: _____

Site Location, Address, or Tax Map #: _____

Type of Construction: _____ Size of Building: _____

Example: Single Family Residential, Multi-Family Residential, Commercial-Restaurant, Office, Industrial or Church

Number of People Served: Single Family Residential: _____

Multi-Family Residential: _____

Commercial: _____

Restaurant Number of Employees: _____

Number of Seats: _____

Hours of Operation: _____

Office Number of Employees: _____

Car Wash Number of Cars
Washed: _____

Grocery Store Number of Square Feet: _____

Number of Seats if

Restaurant: _____

Hotel Number of Bedrooms: _____
Number of Seats if
Restaurant: _____

Laundries Number of Machines: _____

Services Station Number of Employees: _____
Number of Cars Served: _____
Number of Cars
Washed: _____

Other Type: _____
Number of Employees: _____

Industrial Number of Employees: _____
Shower: Yes: _____ No: _____
Kitchen: Yes: _____ No: _____
Estimated Total Flow: _____ gpd

Churches Number of Seats: _____

Institutional Number of Residents: _____

Other Estimated Total Flow: _____ gpd

By: _____ Date: _____

City of Travelers Rest Fire Department