



REQUEST FOR SEWER SYSTEM CAPACITY EVALUATION FOR BUILDING PERMIT

Date _____

Name _____ Address _____

Tax map# _____ Phone _____ Email _____

*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 seats if restaurant _____

Hotel: Number of bedrooms _____ Number of seats if restaurant _____

Laundries: Number of machines _____

Service Station: Number of employees _____ Number of cars served _____ Number of cars washed _____

Other: Type _____ Number of employees _____

Industrial: Number of employees _____ Shower (yes or no) _____ Kitchen (yes or no) _____

Estimated total flow (GPD) _____

Churches: Number of seats _____

Institutional: Number of residents _____

Other: Estimated total flow (GPD) _____

By _____ Date _____

City of Travelers Rest Public Works Department