





Print Name of Business Owner:

Date: __

SewerAvailabilityCharge(SAC) 2025 ADDITIONAL SUBMITTAL REQUIREMENTS

CURRENT PROJECT INFORMATION (Both business and city name are required)	
Business Name:	City Name:
ADDITIONAL INFORMATION (Answer those that apply to your business and <u>label floor plan</u>) Animal Care or Facilities (grooming, salon, boarding, veterinary, daycare, etc.)	
Number of grooming/drying stations: What size are the floor drains: Apartment Building/Assisted Living/Elderly Housing Number of Units:	Number of grooming tubs:
Is there a parking garage present? Is there a common laundry? Do any units have a washing machine or hook-up? Catering/Meals-to-Go	
What is the maximum potential number of meals that can be prepared on the busiest day?	
Number of RO Reject Units: Gallons Per RO Number of Filters: Gallons Per Filter	Reject Unit: er:
Number of Regeneration/Backwash Units: Golf Course/Country Club	Gallons Per Regeneration/Backwash Unit:
•	□ No -or- □ Yes □ No -or- □ Yes
Is breakfast complementary? ☐ No -or- ☐ Yes Is there a parking garage present? Parking Garage/Floor Drains (label floor drains and hose bib What size are the floor drains: Is there a car wash bay/port? ☐ No -or- ☐ Yes	□ No -or- □ Yes, Fill Out Parking Garage Below on plans) Which floors are connected to sanitary sewer:
Theater Maximum number of shows per day? □ One Show -or- □ More than One Show	
I certify that I have read and understood all questions in this form and that my answers are true to my knowledge and belief. I also understand that giving false information in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.	

Signature of Business Owner