



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 label floor plan)

Animal Care or Facilities (grooming, salon, boarding, veterinary, daycare, etc.)

Number of grooming/drying stations: _____ Number of grooming tubs: _____

What size are the floor drains: _____

Apartment Building/Assisted Living/Elderly Housing

Number of Units: _____

Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*

Is there a common laundry? No -or- Yes

Do any units have a washing machine or hook-up? No -or- Yes, in how many units? _____

Catering/Meals-to-Go

What is the maximum potential number of meals that can be prepared on the busiest day? _____

Is dishwashing available? No -or- Yes

Dialysis

Number of Dialysis Chairs: _____ Treatments per Chair per Day: _____

Dialysis Gallons Per Treatment: _____ Dialyzer Gallons Per Treatment: _____

Number of RO Reject Units: _____ Gallons Per RO Reject Unit: _____

Number of Filters: _____ Gallons Per Filter: _____

Number of Regeneration/Backwash Units: _____ Gallons Per Regeneration/Backwash Unit: _____

Golf Course/Country Club

Is the dining room for members only? No -or- Yes

Is the dining room used evenings and weekends only? No -or- Yes

Hotel/Motel

Is breakfast complementary? No -or- Yes

Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*

Parking Garage/Floor Drains (label floor drains and hose bib on plans)

What size are the floor drains: _____ Which floors are connected to sanitary sewer: _____

Is there a car wash bay/port? No -or- Yes

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.

Print Name of Business Owner: _____

Date: _____

Signature of Business Owner _____