



# SewerAvailabilityCharge(SAC)

## 2023 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 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 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 \_\_\_\_\_