



City of Lancaster

216 S. Catawba Street P. O. Box 1149
Phone: (803) 283-4253 Facsimile: (803) 286-5927

WATER AND SEWER APPLICATION FOR SERVICE Within Corporate Limits

FOR OFFICE USE ONLY

Application # _____
Reviewed by: _____
Date: _____

1. Location of Property: _____
2. Tax Map: _____ (Lot Number) _____
3. Owner/Business: _____
4. If applying for NEW SERVICE: Proposed Use _____
Zoning Classification: _____
Zoning Compliance: _____
5. Person(s) responsible for temporary/permanent water service billing:
(Circle one)

Address: _____

Mailing/Billing Address: _____
(If different from above)

Phone Number: Business _____ Home: _____

6. Plumbing Contractor (if applicable): _____
Address: _____
Phone Number: Business: _____ Home: _____
7. General Contractor (if applicable): _____
Address: _____
Phone Number: Business: _____ Home: _____

RESIDENTIAL USE ONLY – DO NOT COMPLETE THIS SECTION UNTIL PAYMENT IS MADE TO FINANCE DEPARTMENT PERSONNEL

8. Applicant's Social Security Number: _____
9. Employed By: _____ Years: _____
10. Driver's License Number: _____
11. Spouse's Name: _____
Spouse Employed By: _____
Social Security Number: _____
12. Previous Address: _____
13. Have you had water/sewer service with the City of Lancaster before? _____
If yes, list address(es): _____

I hereby authorize the City of Lancaster to verify any of the above information for validity. I certify that all of the above information is correct. I understand that any bills I leave owing the City of Lancaster after service has been disconnected will be turned over to the State Tax Commission for payment collection. It is understood by me, this application will constitute a contract between THE UNDERSIGNED and the City of Lancaster by which I agree to comply with all rules and regulations currently established or that may be adopted by City Council relating to the City of Lancaster's water and sewer system.

Name of Applicant (PLEASE PRINT) _____

Signature of Applicant _____ Date _____

CHECK APPLICABLE BOXES

- 14. Inside City Limits: Outside City Limits
- 15. Permanent Structure Mobile Home
- 16. Water to be used for:
Consumption: Construction:
- 17. Replacement Tap New Tap
- 18. Water Meter Quantity _____ Size _____ Fee: _____
For Fire Line? _____
If yes, installed by contractor? _____
- 19. Irrigation Meter: T-tap: Separate Meter: Fee: _____
Will an irrigation system be installed? Yes No
- 20. Sewer Tap: Quantity _____ Size _____ Fee: _____
- 21. Outside City Limits Inspection - Water Fee: _____
Inspection Sewer Fee: _____
- 22. Deposit Fee Fee: _____
- 23. Additional Fee Fee: _____
• Explain _____

24. Amount Due **Total Fees** _____

25. Date Paid _____ Check No. _____ Cash _____

26. Bill To: Contractor: Owner:

27. Location Sketch (or attach plat):



TO BE COMPLETED BY CITY PUBLIC WORKS STAFF

28. Utility line in roadway: _____

29. State Encroachment Permit Required: Yes _____ No _____

30. Utility easement needed: Yes _____ No _____

31. Water Backflow Preventor to be installed by contractor on water service
Yes _____ No _____ Type _____

32. Sewer Backflow Preventor to be installed by contractor
Yes _____ No _____ Type _____

33. COMMENTS:

ANY ADDITIONAL FEES? YES _____ NO _____ IF YES, PLEASE SPECIFY:

34. Computation for "Cost Plus" fees attached? Yes _____ No _____

Researched by: _____ Date _____
Public Works Supervisor

This application has been approved _____
This application has been denied _____

By: _____ Date _____
Public Works Director