

**SOUTH GRANVILLE WATER AND SEWER AUTHORITY
ALLOCATION REQUEST FORM**

SGWASA CLERK USE ONLY: DATE RECEIVED: _____

TYPE OF ALLOCATION REQUEST: _____ **PRELIMINARY** _____ **FINAL**

REQUESTING PARTY:

REPRESENTATIVE'S NAME (PRINT): _____

BUSINESS/CORPORATION NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

SIGNATURE: _____ **DATE:** _____

PHYSICAL LOCATION OF DEVELOPMENT: _____

GOVERNING BODY: (underlying jurisdictional approval)

REPRESENTATIVE'S NAME (PRINT): _____

GOVERNING BODY NAME: _____

SIGNATURE: _____ **DATE:** _____

(Signature indicates concurrence with stated request)

TYPE OF REQUEST(CIRCLE): RESIDENTIAL, COMMERCIAL, MIXED USE

REQUESTED TYPE (CIRCLE): WATER & SEWER, WATER ONLY, SEWER ONLY

ALLOCATION REQUEST CALCULATIONS: Unless noted, flow rates shall conform to the North Carolina Administrative Code 15A NCAC 02H .0219 (l). Any deviations from these flow rates must be justified in writing. Attach Justifications as needed.

Type of structure: _____ **Number of structures:** _____

Flow per unit: _____ **Number of units:** _____

Subtotal gallons per day: _____

Type of structure: _____ **Number of structures:** _____

Flow per unit: _____ **Number of units:** _____

Subtotal gallons per day: _____

TOTAL GALLONS PER DAY REQUESTED: _____

NOTE: Type of Structure – restaurant, 3 bedroom home, 4 bedroom home, school, gym, retail space, etc
Number of Structures – the number of this type of structure
Flow per unit – gal. per bedroom, seat, square foot, student, etc.
Number of units – number of bedrooms, seats, square feet, students, etc.