

**APPLICATION TO DAVIDSON COUNTY
FOR THE EXTENSION TO SEWERAGE SYSTEM**

Date: _____

GENERAL INFORMATION

Applicant: _____
(Name of citizen, firm or corporation)

Address: _____
(Business street address)

(City) , (State) (Zip code)

Contact Person: _____
(Name)

Address: _____
(Business street address)

(City) , (State) (Zip code)

Telephone: (____) - ____ - _____ **ext** (____); **FAX:** (____) - ____ - _____

Email: _____

DEVELOPMENT INFORMATION

Name of the proposed development: _____

General Location: _____

General nature of development: _____

Number of units proposed: _____

Sewage flow anticipated from units (total gpd) : _____

Description of development sewerage system by sizes, material and lengths including any pump stations force mains etc.:

Eventual owner / operator of proposed development system:

Estimated cost of proposed sewerage system: _____

Description of portion of existing county system which will serve as receiving device for proposed development system.

Proposed construction schedule: _____

CONSULTING ENGINEER INFORMATION

Consulting engineering firm involved: _____

Address: _____
(Business street address)

_____, _____, _____
(City) (State) (Zip code)

Contact Person: _____
(Name)

Telephone: (____) - ____ - _____ **ext** (____); **FAX:** (____) - ____ - _____

Email: _____

By: _____
(Name)

(Title)