

Onslow Water and Sewer Authority

Application for Sewer Allocation

The following information must be provided by the Applicant in order for your application to be processed.

Project Name: _____

Type of Request: Initial 12-month Extension Modification Additional Allocation

Applicant Information

Applicant's Name: _____

Contact: _____

Address: _____

Telephone: _____ Email Address: _____

Designated Representative Information

Representative's Name: _____

Contact: _____

Address: _____

Telephone: _____ Email Address: _____

Project Information

Project Description: _____

Project Location: _____

Total Number of Units/Lots: _____ Total Sq Ft (Commercial): _____

Allocation Category: Single Family Multi-Family Commercial Discretionary

Project Priority (See ONWASA Utility Ordinance): 1st Tier 2nd Tier

Residential Mix: _____

1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom Other (Specify)

Total Requested Allocation: _____ gallons per day

The Applicant hereby acknowledges and understands that this water allocation will expire if not "used" (as defined in the ONWASA Utility Ordinance) within 24 months of approval. Applicant also acknowledges this allocation is project and site specific and is NON-TRANSFERRABLE without prior written authorization from ONWASA.

Signature

Date