

APPLICATION for Non-Domestic Wastewater Service



Instructions: This application is to be completed and submitted to the BSU Engineering Department for review of proposed non-domestic wastewater discharge into BSU's sanitary sewer system. Refer to BSU's Sewer Use Policy, Standard Specifications, and FOG Standard Specifications for additional detail on requirements. Incomplete submittals, including forms, shall be returned with no review.

I. GENERAL DESCRIPTION OF PROJECT

Name of Project/Establishment: _____

Address: _____

Plaza/Shopping Center (if applicable): _____

Strap No. ____ - ____ - ____ - ____ - ____ . ____

Construction Schedule: Start _____ Completion: _____

Municipal Development Order/Permit # (if applicable): _____

Type of Commercial Business (check all that apply):

- Food Service Establishment
- Brewery/Winery
- Manufacturing
- Vehicle/Golf Cart Repair/Service/Washing
- Laundromat
- Medical/Dental
- Office/Retail
- Other

Description of Business: _____

II. STATEMENT BY ENGINEER / ARCHITECT

I hereby certify that the information contained in this Application is true and correct to the best of my knowledge, and that the engineering features of the wastewater pretreatment and/or retention have been designed by me in accordance with applicable requirements in Florida Administrative Code, Florida Building Code, and BSU's Sewer Use Policy, Standard Specifications, FOG Standard Specifications, and Details.

Signature and Seal of Engineer / Architect of Record Date

Printed Name FL License #

Company Name

Mailing Address

City State Zip

Telephone No. Mobile No.

E-mail Address

III. STATEMENT BY APPLICANT

I hereby agree to abide by BSU's Rules and Regulations and to retain the services of the Engineer / Architect of Record for the project as noted in this Application to observe and certify construction is in accordance with the plans and specifications approved by BSU.

A. _____
Signature of Developer / Owner / Tenant* Date

Printed Name Title

Company Name

Mailing Address

City State Zip

Telephone No. Mobile No.

E-mail Address

B. _____
Project Contact Printed Name (if different from above) Title

Mailing Address

City State Zip

Telephone No. Mobile No.

E-mail Address

* A Letter of Authorization is required if acting on behalf of the Owner; if the aforementioned letter is submitted, the remaining information must still be provided.