



# GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727  
Fax (Pawleys Island) (843) 237-1515  
Fax (Georgetown) (843) 527-3004

Customer Service (843) 546-6408  
Customer Service Fax (843) 546-5836

P.O. Box 2730  
Pawleys Island, SC 29585

P.O. Box 2748  
Georgetown, SC 29442

www.gcwsd.com



DATE: \_\_\_\_\_

## REQUEST FOR REVIEW OF INTENT TO DEVELOP

1. PROPOSED PROJECT NAME: \_\_\_\_\_  
\_\_\_\_\_

2. LOCATION OF PROPERTY TO BE DEVELOPED:  
  
Tax Map and Lot Number; Subdivision Name and Lot Number (if existing); Name and/or Highway number of adjacent streets and highways (attach general location map).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. DEVELOPER OR DEVELOPMENT FIRM: (Name, Mailing Address, Telephone, E-mail, Fax)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_ Fax # \_\_\_\_\_

4. PROPERTY OWNER(S): (Name, Mailing Address, Telephone, E-mail, Fax)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_ Fax # \_\_\_\_\_

5. S. C. LICENSED ENGINEER OR ENGINEERING FIRM: (Name, Mailing Address, Telephone, E-mail, Fax)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_ Fax # \_\_\_\_\_



**2009 Recipient Partnership for Safe Water 10-Year Directors Award**



**GEORGETOWN COUNTY WATER AND SEWER DISTRICT**

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6. SYSTEM EXTENSIONS PLANNED: \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ WATER/ SEWER

7. PRESENT ZONING DESIGNATION OF PROPERTY TO BE DEVELOPED: \_\_\_\_\_

IS A ZONING CHANGE REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

8. NATURE OF PROPOSED DEVELOPMENT:

Restaurant- Subdivision; Industry SIC- Condominium Project- (Describe in Detail)

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A. PROPOSED NUMBER OF RESIDENTIAL EQUIVALENT UNITS TO BE SERVED: \_\_\_\_\_.

B. ALL INDUSTRIAL USERS MUST DESCRIBE IN DETAIL THE QUALITY AND QUANTITY OF WASTE TO BE DISCHARGED, SUCH AS EXCESSIVE BOD LIMITS OR TOXIC WASTES.

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C. ATTACH A SIMPLE SKETCH PLAN OF PROPOSED PROJECT.

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9. CONSTRUCTION SCHEDULE:

A. ANTICIPATED START DATE: \_\_\_\_\_

B. ANTICIPATED COMPLETION DATE: \_\_\_\_\_

C. IF PROJECT IS TO BE PHASED, PLEASE LIST BELOW THE NUMBER OF UNITS TO BE CONSTRUCTED FOR EACH PHASE AND DATES PLANNED FOR THE START AND COMPLETION OF EACH PHASE.

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D. NUMBER OF RESIDENTIAL EQUIVALENT UNITS OR PHASES REQUESTED FOR BOARD APPROVAL ON THIS REQUEST. \_\_\_\_\_

10. REVIEW FEE: \$130.00

PROJECT WILL NOT BE REVIEWED PRIOR TO THE RECEIPT OF THE REVIEW FEE.

NOTE: ALL FUTURE CORRESPONDENCE REGARDING THIS PROJECT SHOULD REFERENCE THE ABOVE INDICATED PROJECT NAME. IF A NAME CHANGE IS PLANNED, PLEASE NOTIFY THE DISTRICT.