



Public Services Department
Sewer & Water
New Construction Application

DATE OF APPLICATION _____ DATE SERVICE TO START _____

SOCIAL SECURITY NUMBER _____ FEDERAL TAX ID _____

BUSINESS NAME _____

MAILING ADDRESS _____

SERVICE ADDRESS _____ LOT _____ SUB-DIVISION _____

HOME # _____ WORK# _____ CELL# _____

BEDROOMS _____ TYPE OF DWELLING _____

Ownership Status:	Builder <input type="checkbox"/>	Owner <input type="checkbox"/>	Renter <input type="checkbox"/>
Sewage Treatment:	B. COUNTY <input type="checkbox"/>	NBSD <input type="checkbox"/>	Town of Leland <input type="checkbox"/>
Water Source:	Well <input type="checkbox"/>	NBSD <input type="checkbox"/>	Town of Leland <input type="checkbox"/>

Form must be filled out completely before accepted.

Please call 910-332-5000 for assistance.

1. SECURITY DEPOSIT

<u>Residential</u>	\$200.00 _____
<u>Commercial</u>	\$150.00 _____ 3/4"-1"
	\$300.00 _____ 2"-3"
	\$675.00 _____ 4"
	\$975.00 _____ 6"

2. CAPITAL RECOVERY AND CAPACITY FEES

Residential Capital Recovery Fee Water \$300.00 _____ per House Irrigation \$300.00 _____ per House

Residential Sewer Capacity Fee 70 gpd X Number of Bedrooms x \$21.00 \$ _____

Residential Sewer Capacity Fee 70 gpd X Number of Bedrooms X 12.00* \$ _____

*Single structures containing 30 or more bedrooms

Commercial Capital Recovery Fee Water \$300.00 _____ per Meter Irrigation \$300.00 _____ per Meter

Commercial Sewer Capacity Fee Number of gpd X \$7.50 \$ _____

Total Due \$ _____

CERTIFICATION: I certify that I am authorized to make this application and the information provided is correct to the best of my knowledge. I understand this account will be my responsibility until a new applicant makes an application with the Town of Leland.

APPLICANT'S SIGNATURE _____ Date _____

FOR OFFICE USE ONLY

Staff: _____ Account #: _____ Location: _____ Check #: _____