

## COMMERCIAL DEVELOPMENT LETTER OF INTENT FORM

All potential commercial customers must first complete this Letter of Intent form and submit it to MPW's Engineering Department in accordance with Section 4.0 of MPW' Guidelines for Development. Please review Section 4.0 to ensure that you have provided all the necessary information based on the type of request you have indicated below. MPW cannot process your Letter of Intent if ALL required information is not provided.

**Please indicate your type of development:**

- §4.1.1 Existing Commercial Buildings: This includes established commercial businesses (retail, office, medical, dental, veterinary, salon or restaurant).  
**Complete Section 1 and 4.1.1 of this form only.**
- §4.1.2 Commercial Upfit: This is a shell building or an existing commercial space being renovated for a different type of commercial usage (i.e., retail to restaurant; general office to medical).  
**Complete Section 1 and 4.1.2 of this form only.**
- §4.2 Undeveloped Property with Water/Wastewater Service Immediately available.  
**Complete Section 1 and 4.2 of this form only.**
- §4.3 Undeveloped/Developed Property Requiring Water/Wastewater System Extension.  
**Complete Section 1 and 4.3 of this form only.**

### SECTION 1 GENERAL INFORMATION (PLEASE TYPE OR PRINT)

**OWNER/DEVELOPER**

Name:

\_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_

Telephone #

Fax #

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**REPRESENTATIVE OF OWNER/DEVELOPER** (If same as above you may leave blank). This is who MPW will provide all project correspondence to as the owner/developer's legal representative. It is the representative's responsibility to provide information to the owner/developer including all information pertaining to fees and fee increases.

Contact Name:

Name of Firm:

\_\_\_\_\_

\_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_

Telephone #

Fax #

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**Property within Town limits (this section must be completed)**

**Yes**

**No**, if no, MPW will forward this request to the Town of Mount Pleasant to determine if the property is contiguous before we will process your request.

**SECTION 1 CONTINUED ON PAGE 2**

**CROSS-CONNECTION (BACKFLOW) CONTROL INFORMATION:**

1. Business will only have bathroom facilities  Yes (If yes, go to question 3)  No (if no, answer questions below)

2. Provide a list of any equipment other than bathroom fixtures that will use MPW water: \_\_\_\_\_

3. FIRE SERVICE (Complete only if building will have fire suppression system)

- Type of System:  Dry Sprinkler  Wet Sprinkler
- Anti-Freeze:  Yes  No
- Foaming Agents:  Yes  No
- Pumps Used: \_\_\_\_\_
- Do pumps take direct suction from water service?  Yes  No
- Fire Department Connection:  Yes  No

Question regarding this section should be directed to MPW's Backflow Program Manager at 843-327-3160.

**FOR MPW USE**

**Domestic Service:**  
 RP Required  
 Double Check Required  
 No device required

**Fire Line:**  
 RP Required  
 Double Check Required  
 No device required

Approved by: \_\_\_\_\_

**END - SECTION 1**

**SECTION 4.1.1  
EXISTING COMMERCIAL BUILDING**

**Name of New Business** \_\_\_\_\_

**Federal ID #** \_\_\_\_\_

**Please specify type of business and provide a detailed description:**

Type of Business (*i.e., medical, dental, veterinarian, restaurant, gas station, office, factory, retail, hair salon, nail salon, etc*): \_\_\_\_\_

Detailed Description: \_\_\_\_\_

**BUSINESS LOCATION**

Name of Commercial Development: \_\_\_\_\_

Street Address: \_\_\_\_\_ Lot No: \_\_\_\_\_

Unit Number \_\_\_\_\_ Town/County Permit No. \_\_\_\_\_

**BILLING INFORMATION**

Name as it Should Appear on Bill: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

Is this a change of ownership only (business remains same):  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**END - SECTION 4.1.1**

**SECTION 4.1.2  
COMMERCIAL UPFIT**

**Name of New Business** \_\_\_\_\_

**Federal ID #** \_\_\_\_\_

|   |  |
|---|--|
| <b>Please specify type of business and provide a detailed description:</b>  |  |
| Type of Business ( <i>i.e., medical, dental, veterinarian, restaurant, gas station, office, factory, retail, hair salon, nail salon, etc</i> ): |  |
| Detailed Description:   |  |
|   |  |

| <b>BUSINESS LOCATION</b>              |                              |
|---------------------------------------|------------------------------|
| Name of Commercial Development: _____ |                              |
| Street Address: _____                 | Lot No: _____                |
| Unit Number _____                     | Town/County Permit No. _____ |

| <b>BILLING INFORMATION</b>              |                 |
|---|-----------------|
| Name as it Should Appear on Bill: _____ |                 |
| Billing Address: _____                  |                 |
| Contact Person: _____                   | Phone No. _____ |
| Email Address: _____                    | Fax No. _____   |

**For Medical, Dental, Veterinary, and Restaurant Upfits the following items must be included with the Letter of Intent:**

1. Floor plan showing designated use of all areas
2. Internal plumbing plan including locations of backflow preventers and grease traps (if applicable)
3. Proof of Coordination Letter from Fire Department
4. Completed Industrial Pretreatment Questionnaire (this does not apply to restaurants)

If these items are not included, MPW will not be able to process your Letter of Intent, and will return it to the designated representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**END - SECTION 4.1.2**

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**SECTION 4.2**

**UNDEVELOPED PROPERTY WITH WATER/WASTEWATER SERVICE IMMEDIATELY AVAILABLE**

Type of Development:                     Commercial                     Industrial                     Mixed-Use

Name of New Business \_\_\_\_\_

Federal ID # \_\_\_\_\_

|  |       |
|--|-------|
| <b>Please specify type of business and provide a detailed description:</b>   |       |
| Type of Business ( <i>i.e., medical, dental, veterinarian, restaurant, gas station, office, factory, retail, hair salon, nail salon, etc.</i> ): | _____ |
| Detailed Description:  |       |
| _____  |       |
| _____  |       |

| <b>BUSINESS LOCATION</b>        |                                    |
|---------------------------------|------------------------------------|
| Name of Commercial Development: | _____                              |
| Street Address:                 | _____ Lot No: _____                |
| Unit Number                     | _____ Town/County Permit No. _____ |

| <b>BILLING INFORMATION</b>        |                       |
|-----------------------------------|-----------------------|
| Name as it Should Appear on Bill: | _____                 |
| Billing Address:                  | _____                 |
| Contact Person:                   | _____ Phone No. _____ |
| Email Address:                    | _____ Fax No. _____   |

**The following items must be included with the Letter of Intent:**

1. Site Plan showing location of all proposed and existing utility lines
2. Location of all proposed and existing easements
3. Layout of streets, parking lots, etc.
4. Floor plan showing designated use of all areas
5. Internal plumbing plan including locations of backflow preventers and grease traps (if applicable)
6. Proof of Coordination Letter from Fire Department
7. Completed Industrial Pretreatment Questionnaire (if applicable)

If these items are not included, MPW will not be able to process your Letter of Intent, and will return it to the designated representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**END - SECTION 4.2**

**SECTION 4.3**  
**UNDEVELOPED PROPERTY REQUIRING WATER/WASTEWATER EXTENSION**

**Type of Development:**                     **Commercial**                     **Industrial**                     **Mixed Use**

**Description of new development:**

Tax Map Number (TMS #) \_\_\_\_\_

Project Name: \_\_\_\_\_

Describe Project in Detail \_\_\_\_\_

Estimated hydraulic loading in gallons per day \_\_\_\_\_

Number of Construction Phases \_\_\_\_\_

**The Following items must be included with the Letter of Intent:**

1. Two (2) copies of preliminary plan must be included with Letter of Intent
2. If applicable, a completed Industrial Pretreatment Questionnaire must also be attached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**END - SECTION 4.3**