



SANITARY SEWER SYSTEM

TMVSSD Domestic Wastewater Sewer
Service Application Form

Town of Maggie Valley

Phone 828-926-0866 Fax 828-926-3576
3987 Soco Road/US Hwy. 19 Maggie Valley, NC 28751

The applicant for wastewater service is responsible for obtaining any necessary rights of way or easements between the applicant's property and the connection to the *Town of Maggie Valley Sanitary Sewer Department (TMVSSD)* system. Customer is responsible for payment regardless of whether the customer receives a bill.

1. PERSON (S) REQUESTING DOMESTIC WASTEWATER SEWER SERVICE (APPLICANT):

Name: _____
Company: _____ GARBAGE _____
Address: _____ Inside Town _____ Outside Town _____

Telephone: Office or Home (____) _____

2. NAME (S) OF PROPERTY OWNER (S) if different than above:

Name: _____
Address: _____

Telephone: Office or Home (____) _____

3. LOCATION/DIRECTIONS: _____

4. DEVELOPMENT/SUBDIVISION: _____ LOT # _____ BLOCK # _____

5. NUMBER OF BEDROOMS: _____ n/a CONDITIONED SPACE/SQ. FT.: _____ NO. OF RV SITES: _____ n/a

6. * Each bedroom or any other room or addition that can reasonably be expected to function as a bedroom shall be considered a bedroom for design purposes.

7. PARCEL IDENTIFICATION NUMBER (PIN #): _____ - _____

The Applicant's signature certifies that the # of bedrooms and square footage listed is true and accurate. If the # of bedrooms or square footage change after the signature date affixed, additional sewer charges may apply.

Applicant's signature _____ Date _____

*This area for Maggie Valley Sanitary District (MVSD) use only GARBAGE

8. WATER SOURCE: MVSD Well Other Describe: _____

9. WATER ACCOUNT #: _____

10. CONNECT TO: TMVSSD Sewer Line *Private Sewer
*Private Sewer Within Development Discharging Into TMVSSD Line
*Other
*Party responsible for maintenance: _____
Address: _____ Telephone # _____

11. TAP: Existing To Be Installed Size of Tap Required _____

12. Date Served Required: ____/____/20__

13. Check if footprint of existing structure will change, or if grading will occur:

14. Application approved: YES NO: # Of Bedrooms: ____ Sq. Ft.: _____

15. Number of RV Sites: _____

Fee Amount: \$ _____

(Fee based on #bedrooms , or sq. footage)

Official Signature _____

Date * This application is in effect for a period of one year from approval date.