



CAPACITY ASSURANCE REVIEW APPLICATION (FLOW ACCEPTANCE & WILLINGNESS TO SERVE)

All requests require a utility drawing indicating the proposed water/sewer connection point(s) and sizes.

1

REQUESTED BY

First Name	Last Name	MI	Company (if applicable)
Address			e-mail
City	State	Zip	Phone

2

PROJECT LOCATION

Project Name			
Site Address			
City	State	Zip	Tax Parcel Number

3

PROJECT INFO

Complete the following:

<p>1. Project is: <input type="checkbox"/> new; <input type="checkbox"/> modification</p> <p>2. Type of development? (15A NCAC 02T.0114 Wastewater Design Flow Rates)</p> <p>a. Residential, apartment _____ units</p> <p>b. Residential, townhome/condominium _____ units</p> <p>c. Amenity Center (sf) or Pool (people) _____sf/persons</p> <p>d. Residential, single-family _____lots</p> <p> i. Public Roads? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>e. Restaurant _____seats</p> <p>f. Retail or Retail with food prep _____sf</p> <p>g. Office _____#emp/shift</p> <p>h. Warehouse _____#loading bays</p> <p>i. Hotel or Suites _____rooms</p> <p>j. School _____students</p> <p> i. Cafeteria <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p> ii. Gym/Locker rooms <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>k. Other (provide flow calculations) _____</p>	<p>3. Will this project have a pool? <input type="checkbox"/> Y* <input type="checkbox"/> N <i>*if yes, pool must have a 4-inch drain line</i></p> <p>4. Will this project have a private sewer lift station? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>5. Total wastewater flow requested (average daily flow in gpd, show calculations) _____</p> <p>6. Commercial only: Peak wastewater flow requested (peak hourly flow in GPH) _____</p> <p>7. Average Daily Water Demand: _____</p> <p>8. Peak Water Demand (GPM): _____</p> <p>9. Does this project include a 6-inch or larger private sewer line providing service to multiple buildings? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>10. Does this project include a 2-inch or larger private water line providing service to multiple buildings? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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OFFICE USE ONLY

CLTWater Tracking #: _____ Map #: _____

Does the flow transmit through a CLTWater lift station? Y N If yes, which station? _____

WWTF: McAlpine / McDowell / Irwin / Sugar / Mallard / Rocky River Flow amount (gpd): _____

Basin: _____

e-mail this application with utility plan to:
CHARLOTTE WATER
 5100 Brookshire Blvd
 Charlotte, NC 28216
 e-mail: newservicerequests@ci.charlotte.nc.us

