RESET

FORM S-9 SD # _____

S.C. DEPT. OF PUBLIC WORKS, DIV. OF SANITATION
S.C. DEPT. OF HEALTH

Purported Owner

Name _____

Address _____

_____

Telephone No. _____

Building Permit No. _____

DPW Ref # or Subdivision Number _____

DPW Map Lot # _____

Bldg #/Unit # _____

H.D. Ref # _____

SCTM # _____

DPW Connect Permit # _____

S-9 for Food Service: Yes ☐ No ☐

If yes indicate No. of seats approved:

____ bar

____ restaurant

____ caterer

TO WHOM IT MAY CONCERN:

The sanitary sewers and appurtenances, sewage disposal facilities and water supply for the above-mentioned structure have been inspected by the Departments and found to be satisfactory.

SCDPW Inspector Signature _____ Date of Inspection _____

SCDPW Finance/Administration Signature _____ Date _____

County Sewer District #

Sanitary Sewers and Appurtenances

Date _____

Dept. of Public Works, Div. of Sanitation

Sewage Disposal Facilities

Date _____

Department of Health

Water Supply

Date _____

Department of Health

PLEASE NOTE - Where required by contract, escrow deposits must be made to the Department of Public Works, Division of Sanitation, before Certificates of Occupancy can be issued.

IMPORTANT - Please be advised that a minimum of **three (3) business days** are required to process this form.

Facility Name & Address

_____

_____

_____

Contact Person

Name _____

Tel. # _____

S-9
SCDPW
SCHD
1/06

☐Contractee

☐99 Private Sewers

42-0113.. 1/16