

TOWN OF KINGSTREE TAP APPLICATION

INSTRUCTIONS-PLEASE READ! Complete Application and mail or bring to Town Hall. When fees have been paid tap will be scheduled and you will be contacted with other details.

If service address is outside of the town limits, the property owner will be required to sign a petition for annexation before services are approved. PLEASE INITIAL _____

REQUEST FOR:	___ WATER TAP	___ SEWER TAP	___ IRRIGATION	DATE _____
¾ WATER TAP FEE: IN-TOWN	\$1035.00	SEWER TAP FEE: IN-TOWN	\$1035.00	
¾ WATER TAP FEE: OUT-TOWN	\$1552.00	SEWER TAP FEE: OUT-TOWN	\$1552.00	
1" WATER TAP FEE: IN-TOWN	\$1500.00	SEWER TAP FEE: IN-TOWN	\$1500.00	
1" WATER TAP FEE: OUT-TOWN	\$2017.00	SEWER TAP FEE: OUT-TOWN	\$2017.00	
2" WATER TAP FEE: IN-TOWN	\$1920.00	SEWER TAP FEE: IN-TOWN	\$1920.00	
2" WATER TAP FEE: OUT-TOWN	\$2437.00	SEWER TAP FEE: OUT-TOWN	\$2437.00	

PROPERTY OWNER'S NAME _____

BUSINESS NAME _____

Tap Service Address _____ PHONE (HOME) _____

Mailing Address _____ PHONE (WORK) _____

CONTRACTOR NAME _____ CONTACT PERSON _____

CONTRACTER ADDRESS _____

In accordance with the Water & Sewer Rules and Regulations, your tap allocation is good for two (2) years from approval date to allow time to begin construction.

The Applicant agrees to abide by all applicable state statutes, regulations and ordinances lawfully passed by the Mayor and Town Council of Kingstree.

The following information is required by the Federal Government in order to monitor our compliance with the Federal Laws prohibiting discrimination. This information is used only for monitoring and statistical purposes. You are not required to furnish this information, but are encouraged to do so. If you do not furnish ethnicity, race, or sex, under Federal regulations, this company is required to note the information on the basis of visual observation or surname.

This is an Equal Opportunity Program

I do not wish to furnish this information.

Ethnicity: Hispanic or Latin Not Hispanic or Latino Race: American Indian or Alaska Native Asian
Black/African American White Native Hawaiian or Other Pacific Islander Gender Male Female

Signature _____ DATE _____

FOR OFFICE USE ONLY: DATE: _____ METER SERIAL#: _____
INSTALL BY: _____

TOWN OF KINGSTREE TAP APPLICATION

PETITION FOR ANNEXATION

The undersigned, being 100% of the freeholders owning the Town of Kingstree the assessed value of the property in the contiguous territory described below and shown on the attached plat, hereby petition(s) for annexation of said territory to the Town of Kingstree corporate limits by ordinance effective as soon hereafter as possible, pursuant to South Carolina Code 5-3-150. I/ we understand that in accordance with The Town of Kingstree zoning ordinance SCC. 303.1, this property shall be zoned A-1 (Single Family Residential) at the time of annexation unless an alternative zoning classification is requested concurrent with this petition, or required by the Town, consistent with the current/proposed use of the property.

The territory to be annexed is described as follows *(provide legal description as well as street address of property)*:

The property is designated as follows on the Williamsburg County tax maps:

A plat of the area is attached.

Print Name of Property Owner/s

Property Owner/s Signature

Property Owner/s Mailing Address _____

