

# SOUTH ISLAND PUBLIC SERVICE DISTRICT

POST OFFICE BOX 5148 • 2 GENESTA STREET • HILTON HEAD ISLAND, SC 29938

## Development Project Initial Submission Check List

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

### Project

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

Street Address: \_\_\_\_\_

Legal Address: \_\_\_\_\_

### I Contact Information

*Owner* Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*All fees will be billed to owner unless otherwise specified*

*Engineer* Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*Contractor* Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Architectural Plans Submitted  Yes  No

Engineering Plans Submitted  Yes  No  Not Applicable

Hydraulic Loading \_\_\_\_\_

*Is this project an expansion of an existing business, a change of use of an existing structure, or a demolition of structure(s)? Yes No*

*If yes, please furnish documentation to determine if any applicable credits can be utilized for this project.*

Project ID: \_\_\_\_\_

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## Development Project Progress Checklist

### II. Plan Review:

Date Plans Reviewed: \_\_\_\_\_

Date Modified Plans Received: \_\_\_\_\_

Letter to DHEC for Construction Permit Issued: \_\_\_\_\_

Letter for Town Construction Permit Issued: \_\_\_\_\_

### III. Capacity Fees:

Meters Requested

Domestic: Number \_\_\_\_\_ Size \_\_\_\_\_

Irrigation: Number \_\_\_\_\_ Size \_\_\_\_\_

Firelines: Plans Reviewed: \_\_\_\_\_ Number Req: \_\_\_\_\_ Size: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Description of Intended use of the project (Retail Sales, warehouses, medical offices,  
office uses, etc)

\_\_\_\_\_  
\_\_\_\_\_

a) Light Commercial

Number of Employees (exclude restaurant employees): \_\_\_\_\_

b) Restaurant

Number of Seats: \_\_\_\_\_ Number of Bar Seats: \_\_\_\_\_

Grease Trap Application Received: \_\_\_\_\_ Approved: \_\_\_\_\_

c) Condominiums

# of one bedroom units: \_\_\_\_\_ # of two bedroom units: \_\_\_\_\_

# of three bedroom units \_\_\_\_\_ # of four bedroom units: \_\_\_\_\_

Date sent to Cindy for Impact Fee Invoicing: \_\_\_\_\_

Sent to Brad for final approval: \_\_\_\_\_

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## IV. Project Close-out

SCDHEC Construction permit received \_\_\_\_\_

Bacteriological Analysis completion date: \_\_\_\_\_

Fire Hydrant Flows \_\_\_\_\_ Pressure Tests: \_\_\_\_\_

Backflow Tested: \_\_\_\_\_ Fireline Inspected: \_\_\_\_\_

Blanket Easement: \_\_\_\_\_ Will Serve Letter Issued: \_\_\_\_\_

SCDHEC Operating Permit: \_\_\_\_\_ As Builts Received: \_\_\_\_\_

Grease Trap inspected: \_\_\_\_\_ # of seats confirmed after opening: \_\_\_\_\_