

**SOUTH GRANVILLE WATER AND SEWER AUTHORITY
ALLOCATION REQUEST FORM**

SGWASA CLERK USE ONLY: DATE RECEIVED: _____

TYPE OF ALLOCATION REQUEST: _____ PRELIMINARY _____ FINAL

REQUESTING PARTY:

REPRESENTATIVE'S NAME (PRINT): GEORGE BARNES

BUSINESS/CORPORATION NAME: GILANDON FOREST EQUITY, LLC

ADDRESS: 3825 BARRETT DR SUITE 100

CITY: RAUENBORN STATE: Nc ZIP CODE: 27609

TELEPHONE: 919-459-2601 FAX: 919-459-2604

SIGNATURE:  DATE: _____

PHYSICAL LOCATION OF DEVELOPMENT: S MAIN STREET (1/2 HWY 50)

SW CORNER OF S MAIN ST. AND W CHURCH STREET

GOVERNING BODY: (underlying jurisdictional approval)

REPRESENTATIVE'S NAME (PRINT): MICHAEL FRANCO

GOVERNING BODY NAME: CITY OF CREEDMOOR

SIGNATURE:  DATE: 2-2-2016

(Signature indicates concurrence with stated request)

TYPE OF REQUEST (CIRCLE): RESIDENTIAL, COMMERCIAL, MIXED USE

REQUESTED TYPE (CIRCLE): WATER & SEWER WATER ONLY, SEWER ONLY

ALLOCATION REQUEST CALCULATIONS: Unless noted, flow rates shall conform to the North Carolina Administrative Code 15A NCAC 02T .0114. Any deviations from these flow rates must be justified in writing. Attach Justifications as needed.

Type of structure: _____ Number of structures: _____

Flow per unit: _____ Number of units: _____

Subtotal gallons per day: _____

Type of structure: _____ Number of structures: _____

Flow per unit: _____ Number of units: _____

Subtotal gallons per day: _____

TOTAL GALLONS PER DAY REQUESTED: 200 (SEE ATTACHED)

NOTE: Type of Structure – restaurant, 3 bedroom home, 4 bedroom home, school, gym, retail space, etc
Number of Structures – the number of this type of structure
Flow per unit – gal. per bedroom, seat, square foot, student, etc.
Number of units – number of bedrooms, seats, square feet, students, etc.