



Metropolitan Sewer Subdistrict
120 Augusta Arbor Way
Greenville, SC 29605

Sanitary Sewer Permit Application

Notice

If more than one (1) permit is being requested all applications must be completed and faxed to the Metropolitan Sewer Subdistrict (864-277-4272) a **minimum of 24 hours** prior to permit pickup.

Application information must be complete and legible.

Name to be shown on permit: _____

Property address: _____

City, State, Zip: _____

Tax Map Number: _____

Subdivision: _____

Lot Number: _____

Phone Number: _____

Name to be shown on permit: _____

Property address: _____

City, State, Zip: _____

Tax Map Number: _____

Subdivision: _____

Lot Number: _____

Phone Number: _____

Name to be shown on permit: _____

Property address: _____

City, State, Zip: _____

Tax Map Number: _____

Subdivision: _____

Lot Number: _____

Phone Number: _____

The undersigned acknowledges the above information has been provided by the permit applicant and in the event incorrect information is shown, no permit corrections, refund or exchanges will be made.

Applicant or Authorized Agent

Date