



SEWER PERMIT CHECK LIST

Subscriber Name: _____
where sewer bills are to be sent if developer.

Mailing Address: _____

Phone Number: _____

Service Address: _____

Tax Map Number: _____
confirm on AC pass

Lot Number: _____ Subdivision: _____

Check # _____

FEID# _____ or SSN# _____

Please email this form to Michelle Smith at mmsmith@andersoncountysc.org

CC email to Angie Free at amfree@andersoncountysc.org