Impact Fee Payment Certification

Please fill out the first part of this form and take it to the James Island Public Service District, located at 1739 Signal Point Rd, Charleston, SC 29412. You can also email a completed copy of this form to csr@jipsd.org. Make sure to provide your best contact information and someone from the JIPSD will reach out to you for payment.

Once the Impact Fee payment has been successfully processed by the JIPSD, please provide this proof of payment to the City of Folly Beach for completion of your wastewater connection services.

To be completed by customer:

Property Address:_____

TMS#: _____

Property Owner Name:_____

Applicant Name (*if Different than Property Owner):* _____

Applicant Phone Number:_____

Applicant Email Address:_____

Type of Property: Residential _____ Commercial _____ Short-Term Rental _____

Is this a change in use? _____

If answered yes above, please describe the property's change in use:

_____

Will the property be subdivided? Yes_____* No _____

*****_if the property will be subdivided, please email a copy of the proposed plat to jipsdwastewaterservices@jipsd.org_

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Total Number of ERU's (Equivalent Residential Unit): _____*

* *The Unit Contributary Loadings for each type of establishment should follow Appendix A of SCDES (SCDHEC) 61-67 as required in Chapter 3 of the District's Design and Construction Standards.*

For Commercial Properties, provide the below information to *jipsdwastewaterservices@jipsd.org*

1. Square footage of the building(s)
2. A full set of the design drawings
3. Any additional information that will be important to know about the property

Additional information needed for Restaurants:

4. Application for a grease trap
5. Copy of the seating chart and menu

Additional information needed for licensed resort rentals that contain more than 4 bedrooms, commercial, condominium, and time-share projects:

6. SCDES Permit-to-Construct
7. Wastewater Engineering Report

To be completed by the District:

Impact Fee Amount: JIPSD _____ CWS _____

Total Due*:_____

**Please be advised the JIPSD collects CWS's portion of the impact fee and sends to CWS on customer's behalf.*

Payment Received: Yes ____ No _____ Cash _____ Check #:_____ CC:_____

Subdivision Plat Required? Yes ____ No _____ Subdivision Plat Received? Yes ____ No _____

Commercial Property? Yes ____ No _____ Required Info Received? Yes ____ No _____

District Representative Name: _____

District Representative Signature: _____ Date:_____

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