

# NON-RESIDENTIAL FACILITY INFORMATION FORM



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Fishers, IN 46038-1316  
Phone (317) 577-2300  
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### INSTRUCTIONS:

1. Complete all parts of this form.
2. Submit proposed site plan, floor plan, and plumbing plan with this form.
3. This form and all supporting documentation must be submitted digitally to HSEU's engineer (SAMCO). Contact HSEU for engineer's contact information.

## 1. LOCATION OF PROPOSED ACTIVITY

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 2. FACILITY OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 3. PROPERTY OWNER/PROPERTY MANAGER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 4. PROJECT INFORMATION

**A. Facility Description:** Identify the intended use(s) of the proposed facility (please be specific).

**B. Facility Size/Area:** Indicate the square footage of the proposed facility. Specify square footage dedicated to individual activities within the site/building.

**C. Number of Employees:** Indicate the total number of employees to be working in the facility within a 24 hour period. For schools, provide the expected student body. For service clubs or churches, please provide the expected membership.

**D. Hours of Operation:** List the hours of general operation.

## 5. CERTIFICATION:

I hereby certify that I have the authority to complete this form and that the information herein is correct.

\_\_\_\_\_  
Signature of Facility Owner/Authorized Agent

\_\_\_\_\_  
Date

- FOR OFFICE USE ONLY -

Type(s) of Service: \_\_\_\_\_ (per HSEU Tariff--Appendix A)

Equivalent Daily Usage: (per HSEU Tariff--Appendix A)

\_\_\_\_\_ EDU(s) per \_\_\_\_\_ × \_\_\_\_\_ = \_\_\_\_\_ EDUs

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**Total = \_\_\_\_\_ EDUs**

*\*Please note: 2 EDU minimum for non-residential users*