

## COMMERCIAL INFORMATION FORM



11901 Lakeside Dr  
Fishers, IN 46038-1316  
Phone (317) 577-2300  
Fax (317) 577-0089

**INSTRUCTIONS:**

1. Submit this form and digital sets of the proposed site, floor and plumbing plans to HSEU's Plan Reviewer at ("SAMCO") [Cthomas@samcoinc.us](mailto:Cthomas@samcoinc.us)

**PROPOSED PROJECT LOCATION**

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>BUSINESS OWNER</b>	<b>PROPERTY OWNER/MANAGING COMPANY</b>
-----------------------	--

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

**PROJECT INFORMATION**

- A. Business Description:** (Identify the intended use(s) of the proposed business *please be specific*).  
 \_\_\_\_\_  
 \_\_\_\_\_
- B. Business Size/Area:** (Indicate the square footage of proposed business. Specify square footage dedicated to individual activities within the site/building.) \_\_\_\_\_  
 \_\_\_\_\_
- C. Number of Employees:** Indicate the total number of employees working in the business 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. \_\_\_\_\_

**CERTIFICATION**

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

\_\_\_\_\_  
 Signature of Business Owner/Authorized Agent Date

**~ FOR OFFICE USE ONLY ~**

Type(s) of Service: \_\_\_\_\_ Project Engineer: \_\_\_\_\_  
(per HSEU Tariff – Appendix A)

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

_____ EDU(s) per _____	x _____	= _____	EDUs
_____ EDU(s) per _____	x _____	= _____	EDUs
_____ EDU(s) per _____	x _____	= _____	EDUs

Total = \_\_\_\_\_ EDUs *Please note: There is a 2 EDU minimum for all non-residential users*