



New Albany Sewer Board

Application for Sewer Credits

Date of Application: _____

Name of Applicant: _____

Applicant Address: _____

Telephone: () _____

Project Name: _____

Project Location: _____
(address or description) _____

Description of Project: _____
(include phases & timing) _____

Estimated date when project is fully complete: _____

Total credits needed for project: _____
(attach flow projections and calculations)

Credits needed for the next 3 years: _____

Anticipated construction start date once credits are granted: _____
(i.e. complete project design, obtain IDEM construction permit, etc.)

Estimate of sanitary sewer connections for the project in: Year 1: _____
Year 2: _____
Year 3: _____