

EXHIBIT "A-2"
SEACOAST UTILITY AUTHORITY
PROPERTY QUESTIONNAIRE for PROPERTIES ALREADY SERVED
BY SEACOAST WATER/SEWER FACILITIES
(i.e. Change in Ownership, Use, or Name)

FILL IN ALL LINES THAT ARE APPLICABLE

New Business Name _____

Service Address _____

Existing or Previous Business Name _____

Account # (if known) _____

Business/Property Owner _____

Phone Number _____ Fax Number _____

Email _____

Previous Use and Square Foot Area _____

Proposed Use:

Restaurant - Existing # seats _____ Proposed #seats _____
(Include Dining, Bar/Cocktail Lounge Indoor and Outside Seats)

Restaurant/Drive In/Carry Out (gross square feet) _____

Institutions (# of meals/# of seats) _____

Doctor/Dentist/Veterinarian (# of practitioners) _____ (# of employees) _____

Beauty/Barber/Nail Salon # Chairs _____ Sq. Ft. _____

Shopping Centers/Retail Stores/Office Building/Service Businesses without food or laundry
(gross square feet) _____

Schools, Day Care Centers or Nurseries (# of students, faculty, and staff) _____

Biotech/Research & Development (per square foot, not including food service area) _____

A/C Water Cooling Towers (rating in tons) _____ Irrigation (gross square feet _____

Other (Type of business: include detailed use and project size, i.e. square feet, # beds, # students,
etc.) _____

Are there any proposed improvements, if so describe proposed improvements _____
