



COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road / Room 104 / Whittier California
 Mailing Address: P.O. Box 4998, Whittier California 90607
 Telephone: (562) 908-4288 or (323) 685-5217, Extension 2727
 Hours: 7:30 a.m. - 4:00 p.m. Mon. - Thurs.
 7:30 a.m. - 3:00 p.m. Fri.

STEPHEN R. MAGUIN
Chief Engineer and General Manager

Account No: _____
 District No: _____

SEWERAGE SYSTEM CONNECTION FEE

Complete Items 1 through 10 - PLEASE TYPE OR PRINT

Date: ____/____/____
(MONTH) (DAY) (YEAR)

1. Property Owner

2. Facility Name _____

3. Address of Property _____
(STREET) (CITY) (STATE) (ZIP)

Major Cross Streets _____ Thomas Guide Page _____

4. Contact _____ Phone Number: (____) _____

5. Mailing Address
(IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP)

6. County Assessor Map Book, Page, and Parcel Number: - -

7. Structure is: Proposed Existing, Date of Construction _____

8. User Category and Units of Usage: *(Check the appropriate box and provide the applicable information)*

a. Residential:	<input type="checkbox"/> Single Family Home(s)		▶	Number of Units:
	Tract # _____ Lots _____		▶	Number:
	<input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex		▶	Number of Units:
	<input type="checkbox"/> Five Units or More		▶	Number of Spaces:
	<input type="checkbox"/> Mobile Home Park		▶	Number of Units:
b. Commercial:	<input type="checkbox"/> Condominium		▶	Number of Rooms:
	<input type="checkbox"/> Hotel/Motel		▶	Number of Beds:
	<input type="checkbox"/> Convalescent Hospital/Home for the Aged		▶	Improvement Square Footage:
c. Institutional:	<input type="checkbox"/> Other (Specify): _____		▶	Number of Students:
	<input type="checkbox"/> College/University		▶	Improvement Square Footage:
	<input type="checkbox"/> Private School		▶	Improvement Square Footage:
d. Industrial:	<input type="checkbox"/> Church		▶	Improvement Square Footage:
	<input type="checkbox"/> All Categories		▶	All industrial discharges must obtain a permit for industrial wastewater discharge.

9. In order to process this application a complete set of architectural blue prints must be submitted. This is not required for conversion from septic tank to sewer connection.

10. I certify that the information provided in this application is true and correct to the best of my knowledge.

(Signature)

(Date)

OWNER
 AGENT FOR OWNER

Please pay by check or money order only. (Cash will not be accepted.)
 Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY.
 Return checks will be subject to penalty.

FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL, AND INSTITUTIONAL CATEGORIES

	x		=	
Number of Units of Usage		\$ Connection Fee Per Unit of Usage		\$ Connection Fee

SPECIAL CREDITS (Only if Applicable)

DEMOLITION CREDIT*

CHANGE IN USE CREDIT*

AD VALOREM TAX CREDIT

Annexation Date _____

*In order to receive credit, proof of demolition or former use must be submitted with your application (e.g. Demolition Permits, original plans).

\$ _____

\$ _____

\$ _____

(If Less Than Zero, Enter Zero)

\$ _____

Connection Fee Due

(For Districts' Use Only)

FEE PAYMENT RECEIVED: _____

From: _____ D.C. Yes No

Amount: \$ _____ Ck. No. _____ Permit No.: _____ Date: _____

Processed by: _____
 Approved by: _____