



SEWERAGE SYSTEM CONNECTION FEE

District No: _____ (FOR DISTRICTS' USE ONLY)

Complete Items 1 through 10 – PLEASE TYPE OR PRINT Date: _____

1. Property Owner(s): _____

2. Business or Project Name (Commercial Parcels Only): _____

3. Address of Property: _____
(STREET ADDRESS, CITY, STATE & ZIP CODE)

4. Contact Person: _____ Phone Number: () _____
(FIRST AND LAST NAME)

5. Mailing Address: _____
(IF DIFFERENT FROM ABOVE) (STREET ADDRESS, CITY, STATE & ZIP CODE)

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

7. Structure is: Proposed (New Construction) Existing (Tenant Improvement) Existing (Septic to Sewer)

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

a. RESIDENTIAL:	<input type="checkbox"/> Single Family Home(s)	<input type="checkbox"/> ADU /J-ADU	▶ Number of New Units: _____
	Tract # _____ Lot(s) _____ <input type="checkbox"/> Multi-Unit Residential (Apartments, Duplex, Triplex, etc.) <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Condominium/Townhome		▶ Number of New Units: _____
	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Convalescent Hospital / Home for the Aged <input type="checkbox"/> Other (Specify): _____		▶ Number of Rooms: _____ ▶ Number of Beds: _____ ▶ Improvement Sq. Ft: _____
b. COMMERCIAL:	<input type="checkbox"/> College/University <input type="checkbox"/> Private School <input type="checkbox"/> Church		▶ Number of Students: _____ ▶ Improvement Square Footage: _____
	<input type="checkbox"/> All Categories		▶ All industrial dischargers must obtain a permit for Industrial Wastewater discharge.

9. In order to process this application an architectural site and floor plan must be submitted (any size). This is not required for conversion from septic tank to sewer connection or for new single-family homes.

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. We also accept VISA, MasterCard, American Express or Discover. Fee applies to payments made using debit and credit cards.
Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
Returned checks will be subject to penalty.

(FOR DISTRICTS' USE ONLY)
FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL AND INSTITUTIONAL CATEGORIES

<input style="width: 90%;" type="text"/> Number of Units of Usage	x	<input style="width: 90%;" type="text"/> \$ Connection Fee per Unit of Usage	=	<input style="width: 90%;" type="text"/> \$ Connection Fee - Subtotal	
				<input style="width: 90%;" type="text"/> \$	
				<input style="width: 90%;" type="text"/> \$ Connection Fee - Total	

SPECIAL CREDITS (only if applicable)

DEMOLITION CREDIT*

CHANGE IN USE 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, or Demolition Plan).

From: _____ D.C. Yes No
Amount: \$ _____ Check No. _____ Approval Date: _____ Processed by: _____
Approved by: _____