# 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: | ☐ Single Family Home(s) Tract # Lots | ▶ | Number of Units: |
| | ☐ Duplex ☐ Triplex ☐ Fourplex | ▶ | Number: |
| | ☐ Five Units or More | ▶ | Number of Units: |
| | ☐ Mobile Home Park | ▶ | Number of Spaces: |
| | ☐ Condominium | ▶ | Number of Units: |
| b. Commercial: | ☐ Hotel/Motel | ▶ | Number of Rooms: |
| | ☐ Convalescent Hospital/Home for the Aged | ▶ | Number of Beds: |
| | ☐ Other (Specify): | ▶ | Improvement Square Footage: |
| c. Institutional: | ☐ College/University | ▶ | Number of Students: |
| | ☐ Private School | ▶ | Improvement Square Footage: |
| | ☐ Church | ▶ | Improvement Square Footage: |
| d. Industrial: | ☐ 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

| Number of Units of Usage | x | $ 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: Processed by: _____
From: _____ D.C. ☐ Yes ☐ No Approved by: _____
Amount: $ _____ Ck. No. _____ Permit No.: _____ Date: _____