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 (562) 699-7411, Extension 2727
Hours: 7:30 a.m. – 4:00 p.m. Mon – Thurs.
7:30 a.m. – 3:00 p.m. Fri.

GRACE ROBINSON HYDE
Chief Engineer and General Manager

Application 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 CODE)

   Major Cross Streets _____
4. Contact _____ Phone Number (_____)_____
5. Mailing Address _____
(IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP CODE)
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 to the right)*

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 dischargers must obtain a permit for industrial wastewater discharge.

9. **In order to process this application a complete set of architectural blueprints 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.**

☐ **OWNER**
☐ **AGENT FOR OWNER**

_____ (Signature) _____ (Date)

Please pay by check, money order, or cash. Fee applies for payment using debit and credit cards and we only accept MC, AMEX, or Discover.
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*
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: _____