



(562) 908-4288, extension 2727

Website: www.lacsd.org

Email address:
connectionfee@lacsd.org

Hours: 7:30 a.m. – 4:00 p.m., M – Th
7:30 a.m. – 3:00 p.m., Friday

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 Existing -- Is this a Tenant Improvement (T.I): YES NO

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) Tract # _____ Lot(s) _____	<input type="checkbox"/> ADU /J-ADU	▶ Number of New Units: _____
	<input type="checkbox"/> Multi-Unit Residential (Apartments, Duplex, Triplex, etc.)		▶ Number of New Units: _____
	<input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Condominium/Townhome		
b. COMMERCIAL:	<input type="checkbox"/> Hotel/Motel		▶ Number of Rooms: _____
	<input type="checkbox"/> Convalescent Hospital / Home for the Aged		▶ Number of Beds: _____
	<input type="checkbox"/> Other (Specify): _____		▶ Improvement Sq. Ft: _____
c. INSTITUTIONAL:	<input type="checkbox"/> College/University		▶ Number of Students: _____
	<input type="checkbox"/> Private School <input type="checkbox"/> Church		▶ Improvement Square Footage: _____
	d. INDUSTRIAL:	<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.

OWNER

AGENT FOR OWNER

(Signature) _____ (Date)

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

[] x \$ [] = \$ []
Number of Units of Usage Connection Fee per Unit of Usage Connection Fee - Subtotal

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).

— \$ []

\$ []

Connection Fee - Total

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