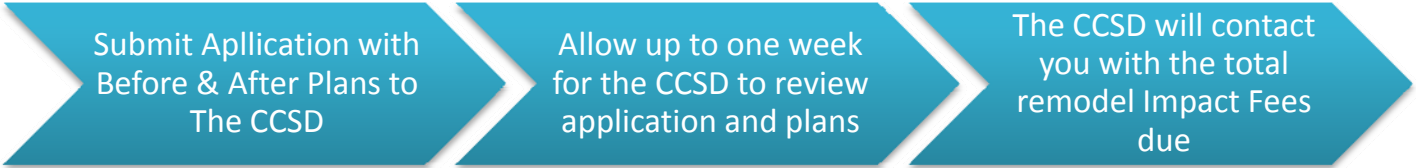




CAMBRIA COMMUNITY SERVICES DISTRICT

Application for Verification of Water & Sewer Service

REMODEL / ADDITION / RECONSTRUCTION



SERVICE LOCATION	ASSESSOR PARCEL NUMBER
OWNER	AGENTS NAME
PHONE	AGENTS PHONE
MAILING ADDRESS	SERVICE TYPE: SINGLE FAMILY <input type="radio"/> MULTI FAMILY <input type="radio"/> COMMERCIAL <input type="radio"/>
PROJECT DESCRIPTION	

	BEFORE REMODEL	AFTER REMODEL
# TOILETS	_____	_____
#KITCHEN or LAVATORY SINKS	_____	_____
#TUBS/SHOWERS/CLOTHES WASHERS	_____	_____
#BAR or LAUNDRY SINKS	_____	_____

SIGNATURE OF APPLICANT or AUTHORIZED AGENT _____ DATE _____

_____ FOR DISTRICT USE ONLY _____

IMPACT FEE(S):

EACH ADDITIONAL TOILET or URINAL _____ @ \$400= _____
 EACH ADDITIONAL TUB, SHOWER or CLOTHES WASHER _____ @ \$800= _____
 EACH ADDITIONAL KITCHEN or LAVATORY SINK _____ @ \$400= _____
 EACH ADDITIONAL BAR or LAUNDRY SINK _____ @ \$200= _____
 PLAN REVIEW ONLY _____ @ \$25 = _____

BILLING ACCOUNT # _____ RETROFIT CODE _____ FIRE DEPARTMENT REVIEW _____

