



APPLICATION FOR TRANSFER OF POSITION

Revised 10/18/2017

SENDER PARCEL INFORMATION:

APN: [] [] [] - [] [] [] - [] [] [] Street: _____

RECEIVER PARCEL INFORMATION:

APN: [] [] [] - [] [] [] - [] [] [] Street: _____

Transfer Waitlist (WL) # _____ Intent to Serve (ITS) Letter Connection Permit
Type: Grandfathered (GF) Permit Active Service Exchange
(Check all that apply)

If Exchange is checked above, please indicate Sender and Receiver property status (i.e. WL #, ITS, Connection Permit, GF, Active):

Sender Status: _____ Receiver Status: _____

Owner(s) acknowledge(s) the SENDER Parcel will be RETIRED pursuant to CCSD Municipal Code 8.04.100 **OR** an ALTERNATE Parcel will be RETIRED-IN-LIEU of Sender Parcel or DONATED to CCSD. Please complete the information below if an ALTERNATE Parcel will be retired or donated to CCSD.

Alternate APN: [] [] [] - [] [] [] - [] [] [] Parcel is to be Retired-In-Lieu: Yes No

Alternate Street: _____ Parcel is to be Donated to CCSD: Yes No

SENDER PARCEL OWNER(S):

(Note: use as many application forms as needed to include all owners)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Signed: _____ Signed: _____

Date: _____ Date: _____

RECEIVER PARCEL OWNER(S):

(Note: use as many application forms as needed to include all owners)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Signed: _____ Signed: _____

Date: _____ Date: _____

ALTERNATE PARCEL OWNER(S):

(Note: use as many application forms as needed to include all owners)

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____
Signed: _____	Signed: _____
Date _____	Date: _____

TITLE COMPANY INFORMATION:

Title CO: _____	Contact: _____
Address: _____	Phone: _____
_____	Email: _____

Required Documents Included with Application:

\$750 deposit to process Transfer, make check payable to CCSD

<u>SENDER</u>	<u>RECEIVER</u>	<u>ALTERNATE (if applicable)</u>
<input type="checkbox"/> Preliminary Title Report	<input type="checkbox"/> Preliminary Title Report <i>(dated within 60 days of application)</i>	<input type="checkbox"/> Preliminary Title Report <i>(dated within 60 days of application)</i>
	<input type="checkbox"/> Proof of Lot Merger <i>(if parcel is comprised of more than one legal lot)</i>	<input type="checkbox"/> Proof of Lot Merger <i>(if parcel is comprised of more than one legal lot)</i>

FOR DISTRICT USE ONLY

Date Received:

Deposit Paid Check # _____ SERWB

Transfer Approved: Yes No

If Denied, provide reason:
