ACCESSORY DWELLING UNIT APPLICATION

USD TREAT PROTECT PRESERVE est.1918
TRI-CITY WASTEWATER

PROJECT INFORMATION   Date Submitted _____

Parcel Address _____ City _____ ZIP _____

ADU Street Address _____ APN _____

Owner Name _____ Phone _____

Owner Mail Address _____ City _____ State _____

Owner Email _____ ZIP _____

City Building Permit No. _____ Date Issued _____

ACCESSORY DWELLING UNIT INFORMATION

ADU Floor Area (SF): _____ ☐ Detached   ☐ Attached   ☐ Junior ADU (inside exist. home, max 500 SF)

Description of Project: _____

_____

I hereby certify that to the best of my knowledge the above information is true and correct, that I agree to pay the required fees as determined by USD, and that I am aware there may be an annual Sanitary Sewer Charge included on my property tax statement.

Owner (*Signature*) _____ Date _____

FOR ADU WITH SEWER WORK OUTSIDE OF THE STRUCTURE

Contractor Co. _____ or **Owner-Builder?** ☐ YES ☐ NO

Address _____ City _____ State _____ ZIP _____

License No. _____ License Class[1]: ☐ A, ☐ B, ☐ C21, ☐ C34, ☐ C36, ☐ C36 & C12, ☐ C42, ☐ _____

Contact Name _____ Phone _____

Contact Email _____ Cell Phone _____

ANSWER THE FOLLOWING QUESTIONS:

1. Contractor, do you have a City Business License in the city of the project?   ☐ YES ☐ NO ☐ N/A
2. Will the work involve trenching 5 feet or more in depth?   ☐ YES (trench shoring required)[1] ☐ NO
3. When would you like a pre-con meeting? Date: _____   ☐ 9am to noon? ☐ 1pm to 4pm?

STANDARD REQUIREMENTS & RESTRICTIONS

[1]Excavation 5' deep or more, &/or work in public ROW requires contractor have A, C34, C42, or C36 with C12 licensure.

I hereby certify that to the best of my knowledge the above information is true and correct, and agree to pay the required fees as determined by USD. I understand and will comply with USD's requirements and restrictions.

Contractor/Owner-Builder (*Signature*) _____ Date _____

SUBMITTAL REQUIREMENTS

- Owner-Builder must submit an Owner-Builder Acknowledgement & Information Verification Form ☐ *Submitted* ☐ N/A
- Site Plan showing existing structures, ADU, existing and new sanitary sewer piping   ☐ *Submitted*

USD Capacity Charge Calculation/Notes/Comments (for USD staff to complete)

☐ ADU Capacity Charge = $_____/SF x ADU Floor Area _____ SF = $_____
   (Per Ordinance 35.23, Date Rate Effective 8/1/20___)

☐ No ADU Capacity Charge; Reason: _____

- ADU Service Sewer Charge to be added to property tax roll (Per Ord. 31.40)   ☐ YES ☐ NO or N/A

Notes: _____ By: _____ USD PTS Project No.: _____

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