



**SELMA-KINGSBURG-FOWLER
COUNTY SANITATION DISTRICT**

P.O. Box 158, 11301 East Conejo Ave.
Kingsburg, CA 93631
Phone (559) 897-6500
Fax (559) 897-1985

For District Use
Date: _____
Received By: _____
Comments: _____

MULTI-FAMILY SEWER CONNECTION APPLICATION

APPLICATION TO: <input type="checkbox"/> CONNECT TO NEW SERVICE <input type="checkbox"/> MODIFY EXISTING SERVICE			
CITY: <input type="checkbox"/> SELMA <input type="checkbox"/> KINGSBURG <input type="checkbox"/> FOWLER			
PART I: PROPERTY INFORMATION - (ADDRESS):			
Owner Name:			
Property address:			Property APN:
City:	ZIP Code:	Phone:	
Annexation Res. No:	Year:	Tract:	Lot:
Company Name:		Contact Person:	
Mailing Address:			
City:	ZIP Code:	Phone:	
PART II: ORDINANCE CLASS TYPE, NO. UNITS			
User Class: Multi-Family Residential (M.F.R)			
<input type="checkbox"/> CONDO'S	<input type="checkbox"/> M.F.R. APARTMENT (Number each type)		<input type="checkbox"/> OTHER
No. of Living Units:	1BR:	2BR:	3BR:
Check One:			
<input type="checkbox"/> CITY PLANNING/BUILDING PERMIT APPLICATION ATTACHED			<input type="checkbox"/> NOT APPLICABLE
CERTIFICATION			
I certify that the information provided to S-K-F CSD presented above is true and correct and represents an accurate assessment of my requirements and intended use and that said use will be in compliance with all district ordinances, rules, and regulations. The information provided above will be used to calculate the connection fee for the project.			
Print Name of Owner/Agent:			Position:
Signature of applicant:			Date:

Permit Calculated _____
