



**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: _____

RESIDENTIAL 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 - RESIDENTIAL (ADDRESS):			
Owner Name:			
Property address:			Property APN:
City:	ZIP Code:	Phone:	
Annexation Res. No:	Year:	Tract:	Lot:
Builder Name:			
Builder Address:			
City:	ZIP Code:	Phone:	
PART II: ORDINANCE CLASS TYPE, NO. UNITS			
User Class: Residential		No. of Living Units:	
<input type="checkbox"/> SINGLE FAMILY RESIDENTIAL (S.F.R)	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> OTHER	
Attach sketch of parcel with approximate location of unit to be served with this application.			
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 _____
