



King County

# Residential Sewer Use Certification Sewage Treatment Capacity Charge

- To be completed for all new sewer connections, re-connections, or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

**Please Print or Type**

Property Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Owner's Phone Number (with Area Code) \_\_\_\_\_

Property Contact Phone Number (with Area Code) \_\_\_\_\_

**Party to be Billed** (if different than Owner):

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Please check appropriate box:**

- |   |     |
|---|-----|
| <input type="checkbox"/> Single-family (free standing, detached only) | 1.0 |
| Multi-Family (any shared walls):                                      |     |
| <input type="checkbox"/> Duplex (0.8 RCE per unit)                    | 1.6 |
| <input type="checkbox"/> 3-Plex (0.8 RCE per unit)                    | 2.4 |
| <input type="checkbox"/> 4-Plex (0.8 RCE per unit)                    | 3.2 |
| <input type="checkbox"/> 5 or more (0.64 RCE per unit)                |     |
| No. of Units _____ x 0.64 = <input type="text"/>                      |     |
| <input type="checkbox"/> Mobile home space (1.0 RCE per space)        |     |
| No. of Spaces _____ x 1.0 = <input type="text"/>                      |     |

**If Multi-family, will units be sold individually?**  Yes  No

**If yes, will this property have a Homeowner's Association?**  Yes  No

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council as a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. **All future billings can be prepaid at a discounted amount.**

Questions regarding the capacity charge or this form should be referred to King County Wastewater Treatment Division at 206-684-1060.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Owner/Representative \_\_\_\_\_

## For King County Use Only

Account # \_\_\_\_\_

No. of RCEs \_\_\_\_\_

Monthly Rate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sewer District / Agency Contact & Phone Number \_\_\_\_\_

Date of Sewer Connection \_\_\_\_\_

Side Sewer Permit Number \_\_\_\_\_

### Required: Property Tax Parcel Number

Subdivision Name \_\_\_\_\_ Subdivision Number \_\_\_\_\_

Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_

Building Name \_\_\_\_\_

**Please report any demolitions of pre-existing building on this property. Credit for a demolition may be given under some circumstances.**

Demolition of pre-existing building?  Yes  No

Was building on Sanitary Sewer?  Yes  No

Was Sewer connected before 2/1/90?  Yes  No

Sewer disconnect date: \_\_\_\_\_

Type of building demolished? \_\_\_\_\_

Request to apply demolition credit to multiple buildings?

Yes  No