

MRWPCA RESIDENTIAL SEWER CAPACITY CHARGE DETERMINATION

Expires: _____

Date: _____ Assessor's Parcel No.: _____

Job Location: _____ City: _____

Owner's Name: _____

Owner's Mailing Address: _____

Telephone No.: _____ Category: _____

JURISDICTION APPROVAL

Approved for Capacity Charge Issuance by _____

Title _____

Units Issued This Permit: _____

NEW FACILITIES RESIDENTIAL

Number of Dwellings: _____ x \$3,171.00 = \$ _____

*Credit _____

Agency Total: _____

Other: _____ + _____

Total Amount Due _____

**Explain how total was calculated. (Attach supporting documents.)

The amount due shown above must be paid prior to being issued a building permit by your city or district.

The undersigned acknowledges receipt of a copy of this statement and states he/she is the owner of the described premises or is the duly authorized agent of the owner.

Name: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Approved by: _____ Permit No. _____ Posted by: _____