

GOVERNMENT CAMP SANITARY DISTRICT

P. O. Box 25, Government Camp OR 97028

Phone: (503) 964-7141 Fax: (503) 272-0221

Email: govtcampsanitary@gmail.com

Building Permit # _____ Sewer Permit # _____ Account # _____

APPLICATION FOR TAPPING OR CONNECTING TO THE DISTRICT'S MAIN SEWER LINE

Application is hereby made for a permit to tap or connect to the sanitary system of the Government Camp Sanitary District to serve the building located at: Lot No. _____, Block No. _____, Addition: _____,

Owned by: _____, Mailing Address: _____,

Phone Number: _____, Property Address: _____

Email Address: _____

One 4" Sewer service line will be installed to serve the following:)

Single family dwelling (billable at 1 Unit): _____ Single family dwelling, with apartment (billable at 2 Units) : _____

Duplex (billable at 2 Units): _____ Triplex (billable at 3 Units): _____

Other: _____ (Please explain - an inspection will be necessary to determine the billable units)

Will this dwelling be used as a rental at any time ? _____

_____ (Dwellings used as rental units could be billed a higher rate than non-rental dwellings. Contact the District for more information.)

I hereby agree to pay the Government Camp Sanitary District a System Development Charge applicable to this tap or connection in the amount of **\$6,501.67** per billable unit and **\$1,000.00** dollar deposit for the sewer line inspection fee. Upon satisfactory inspection, the balance of the deposit less the basic inspection fee as referenced in section C. 2 of Table 1 and any additional cost related to the inspection shall be refunded to the property owner within 30 days of completion of the inspection.

I further agree to furnish all material and perform proper workmanship in strict compliance with the Ordinances, Rules and Regulations of the District and any requirements, licenses and permits of other Governmental agencies. After Clackamas County has signed off the plumbing inspection card, **I WILL NOTIFY THE GOVERNMENT CAMP SANITARY DISTRICT** five (5) business days prior to connecting to the Government Camp Sanitary Districts main sewer line in order that it may be inspected by said District prior to covering. Failure to notify the District, the property owner will be billed for time and materials incurred by the District.

In the event that any such work is to be performed in the public right-of-way, I also agree to repair said right-of-way to as good or better condition as it was before construction was commenced. I also agree to keep adequate barricades and lights at night around any open trenches in order to comply with proper standards of public safety.

If the applicant is a licensed sewer contractor, he further agrees as follows: I will have in full force and effect at all times adequate property damage and liability insurance as may be required by the District, which insurance also runs in favor of the District as an additional insured. _____ (Please initial.)

Also, any connection made in the District's sewer system without first securing a permit and paying charges therefor shall be unlawful. The owner of the land in which the unauthorized connection is made and the person actually making such unauthorized connection, if different than the owner, shall each be liable for double the charge for such connection in effect at the time.

I understand that this application and permit granted thereon is good for a period of one year from the date of this application, _____, and unless renewed within that period, I agree that the amount paid to the Government Camp Sanitary District with this application may be forfeited. For residential customers: Unless an extension of time is requested by the owner or builder, the initial billing for monthly sanitary sewer charges shall be issued, due and payable for any single-family or multi-family residential property after the expiration of 180 days following issuance of a sewer permit.

I further agree to notify the Government Camp Sanitary District in writing of any change in use of this property from that designated in this application. I further acknowledge that any change in use may result in additional System Development Charges. If sewer fees billed to this account are not paid, the District could disconnect the property sewer line from the Districts main sewer line at the property owner's expense.

Applicant

Date: _____

Legal Owner

_____ (print name)

_____ (print name)

Below completed by Government Camp Sanitary District

Received Application on _____

Received by: _____

District Secretary

No. of units/EDU's to bill _____ # of SDC fees paid/Grandfathered prior to application _____

Date of prior SDC payments _____

No. of SDC fees to bill _____ Date SDC fee was paid _____

Approved by Board Chair: _____ Date: _____