



**SEWERAGE SYSTEM CONNECTION FEE**

Email: [connectionfee@lacsd.org](mailto:connectionfee@lacsd.org)

Hours: 7:30 a.m. – 4:00 p.m., M – Th  
7:30 a.m. – 3:00 p.m., Friday

District No: \_\_\_\_\_ (FOR DISTRICTS' USE ONLY)

**Complete Items 1 through 10 – PLEASE TYPE OR PRINT**

Date: \_\_\_\_\_

1. Property Owner(s): \_\_\_\_\_

2. Business or Project Name (Commercial Parcels Only): \_\_\_\_\_

3. Address of Property: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP CODE)

4. Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
(FIRST AND LAST NAME)

5. Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) (STREET ADDRESS, CITY, STATE & ZIP CODE)

6. County Assessor Map Book, Page, and Parcel Number (APN):     -     -

7. Structure is:  Proposed (New Construction)  Existing (Tenant Improvement)  Existing (Septic to Sewer)

8. User Category and Units of Usage: *(Check the appropriate box and provide the applicable information to the right)*

a. RESIDENTIAL:	<input type="checkbox"/> Single Family Home(s)	<input type="checkbox"/> ADU /J-ADU	▶ Number of New Units: _____
	Tract # _____ Lot(s) _____		▶ Number of New Units: _____
	<input type="checkbox"/> Multi-Unit Residential (Apartments, Duplex, Triplex, etc.) <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Condominium/Townhome		
b. COMMERCIAL:	<input type="checkbox"/> Hotel/Motel		▶ Number of Rooms: _____
	<input type="checkbox"/> Convalescent Hospital / Home for the Aged		▶ Number of Beds: _____
	<input type="checkbox"/> Other (Specify): _____		▶ Improvement Sq. Ft: _____
c. INSTITUTIONAL:	<input type="checkbox"/> College/University		▶ Number of Students: _____
	<input type="checkbox"/> Private School		▶ Improvement Square Footage: _____
	<input type="checkbox"/> Church		
d. INDUSTRIAL:	<input type="checkbox"/> All Categories		▶ All industrial dischargers must obtain a permit for Industrial Wastewater discharge.

**9. In order to process this application an architectural site and floor plan must be submitted (any size). This is not required for conversion from septic tank to sewer connection or for new single-family homes.**

**10. I certify that the information provided in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

OWNER  AGENT FOR OWNER

Please pay by check or money order. We also accept VISA, MasterCard, American Express or Discover. Fee applies to payments made using debit and credit cards.  
Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY  
Returned checks will be subject to penalty.

**(FOR DISTRICTS' USE ONLY)**  
FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL AND INSTITUTIONAL CATEGORIES

<input type="text"/>	x	\$ <input type="text"/>	=	\$ <input type="text"/>
Number of Units of Usage		Connection Fee per Unit of Usage		Connection Fee - Subtotal
<b>SPECIAL CREDITS (only if applicable)</b> <input type="checkbox"/> DEMOLITION CREDIT* <input type="checkbox"/> CHANGE IN USE CREDIT* Annexion Date: _____		* In order to receive credit, proof of demolition or former use must be submitted with your application (e.g. Demolition Permits, Original Plans, or Demolition Plan).		\$ <input type="text"/> <hr/> \$ <input type="text"/> Connection Fee - Total

From: \_\_\_\_\_ D.C.  Yes  No Processed by: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Approval Date: \_\_\_\_\_ Approved by: \_\_\_\_\_