



**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

<b>For District Use</b>
Date: _____
Received By: _____
Comments: _____
_____

**SUBDIVISION SEWER CONNECTION APPLICATION**

<b>APPLICATION TO:</b> <input type="checkbox"/> CONNECT TO NEW SERVICE <input type="checkbox"/> MODIFY EXISTING SERVICE			
<b>CITY:</b> <input type="checkbox"/> SELMA <input type="checkbox"/> KINGSBURG <input type="checkbox"/> FOWLER			
<b>PART I: PROPERTY INFORMATION:</b>			
Owner Name:			
Property address:			Property APN:
City:	ZIP Code:		Phone:
Annexation Res. No:	Year:	Tract:	Lot:
Company Name:		Contact Person:	
Mailing Address:			
City:	ZIP Code:		Phone:
<b>PART II: ORDINANCE CLASS TYPE, NO. UNITS</b>			
User Class: Subdivision		No. of Parcels:	
<input type="checkbox"/> Single Family Residential Lots		No. of Units:	
<input type="checkbox"/> Multi-family Units		No. of Units:	
<input type="checkbox"/> Commercial		Total SF of Building Area:	
<b>Check One:</b>			
<input type="checkbox"/> CITY PLANNING/BUILDING PERMIT APPLICATION ATTACHED		<input type="checkbox"/> NOT APPLICABLE	
<b>CERTIFICATION</b>			
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 \_\_\_\_\_  
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