



LAKE SHASTINA COMMUNITY SERVICES DISTRICT
 16320 Everhart Drive - Weed CA 96094 - Voice 530-938-3281 - Fax 530-938-4739

Application # _____

APPLICATION FOR WATER AND/OR SEWER CONNECTION

DATE _____ APN _____ UNIT # _____ LOT # _____

OWNER'S NAME _____

I(We) authorize the LSCSD to send all correspondence, if applicable, regarding this application to the email address noted below: YES ___ NO ___

EMAIL: _____ TELEPHONE _____

CELL PHONE _____

MAILING ADDRESS _____

PROJECT ADDRESS, if different than mailing address _____

CONTRACTOR _____ TELEPHONE _____

CELL PHONE _____

Required Information to be submitted with Application

Plot Plan

FEEES

\$ _____ \$ 265.00 Water Connection
 \$ _____ \$ 478.00 Capacity Expansion Fee – applicable with each Water Service Hook Up
 (Effective 7/20/07: \$320.00 Water System, \$158.00 Fire Suppression)
 \$ _____ \$7,248.50 Sewer Connection (4-inch connection)
 Other _____

\$ _____ **TOTAL FEES**

Note: All fees are subject to change by LSCSD Board of Directors

Owners Signature: _____ Date _____

If contractor is acting as owner's agent and in behalf of owner, please sign below. Notices to be sent to owner.

Contractor's Signature: _____ Date _____

Lake Shastina Community Services District
16320 Everhart Drive
Weed, CA 96094

APPLICATION #: _____

DATE REC: _____

Phone: (530) 938-3281 Fax: (530) 938-4739

APPLICATION FOR RESIDENTIAL WATER CONNECTION

DATE: _____

OWNER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____

UNIT: _____ LOT: _____ STREET ADDRESS: _____

ASSMTS DUE: _____ HOOKUP FEE: _____

TOTAL DUE: _____ TOTAL PAID: _____

APPLICANT'S SIGNATURE: _____

1. Date pass to PW: _____
2. Added to Emer. Not. Plan: _____
3. Date Temp. Serv. Installed: _____
4. Corner Serv. is Located: _____
5. Initial Depth of Curb Stop: _____
6. Lowered to _____ Raised to _____
7. Marked on Serv. Map: _____
8. Marked on Res. Map: _____
9. Trench Inspection:
Water: Depth: _____ Bedded _____
Sewer: Depth: _____ Distance from _____
Water: _____ See Sketch _____
10. Lateral Trench to House Includes: Water, TV, hone, Power, Other: _____
11. Loc. - Owner's Shutoff: _____
12. Location of Regulator: _____
13. Pipe to House G _____ K _____ P _____ Inch
14. Insulation Type: _____
15. Date Perm. Serv. Installed: _____
16. Prop. Pin Removed: _____ Yes _____ No
_____ Lowered _____ Could not locate
17. Sewer: Pressure: _____ Gravity: _____
Septic: _____ Gravity w/pump: _____
18. Pressure: _____
19. % Complete & Date:
_____% , _____% , _____% , _____%

Service Diagram: Location of Property Pin, Telephone, Power, Sewer Access to Service.

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APPLICATION FOR SEWER INSTALLATION PERMIT

DATE: _____ DATE HOOKUP DESIRED: _____

APPLICANT: _____ PHONE: _____
PRINT FULL NAME

ADDRESS: _____

OWNER: _____ CONTRACTOR: _____ PHONE: _____

CONTACT DURING CONSTRUCTION: _____
NAME ADDRESS PHONE

Application is hereby made for a sewer connection at UNIT: _____ LOT: _____ By signing this application, permission is hereby granted for the Lake Shastina Community Services District (LSCSD) and its agents to enter said property for the purpose of providing any and all sewer system services and to verify compliance with all District regulations. As owner, or by the authority granted to the undersigned as agent for the owner, the applicant agrees to observe all District regulations, now or hereafter adopted, relating to the sewer service and to pay sewer bills promptly. Delinquent accounts are subject to discontinuance of services and to suitable action at law including costs of suit in any judgment in favor of the District. Applicant is advised that Ordinance 1-80 provides for a 10% penalty for non-payment within the time prescribed on the billing and that an additional penalty of 1/2 of 1% may be charged each month the account is delinquent. Applicant/Agent is hereby advised that no sewer line shall be covered at any point until it has been inspected by the District. It shall be the duty of the owner or the authorized agent to notify the LSCSD office in writing when the installation is ready for inspection. Such notice shall be given not less than 24 hours before the work is to be inspected. Notification on Friday will be addressed the next regular work day.

APPLICANT'S SIGNATURE _____

SEWER PERMIT

PERMIT NO: _____ BLDG. PERMIT NO: _____ CLASS OF PERMIT: _____

FEE SCHEDULE: Hookup and inspection fee must be paid prior to obtaining County Building Permit.

Permit & Inspection Fee _____

Gravity Sewer Hookup Fee _____

Units 5, 5-2, 5-3, 5-4, 6, 9-2, portions of 4 and 9-1

Low Pressure System Hookup Fee _____

If alternate hookup requested by applicant is approved by the CSD Board, all costs associated therewith are in addition to the gravity or low pressure hookup fee and must be borne by applicant. Financial details will be mutually agreed upon prior to final approval of alternate connection. It may take up to 6 months from date an alternative hookup fee is paid until final hookup.

Alternate Hookup Costs: _____

If application is for reinstatement of services discontinued,

Fees Due _____ Total Due _____ Total Paid _____

Remarks _____

Office Checkoff list

Date/Initials

1. Plot Plans & Accts Reviewed _____
2. Issued Sewer Spec Manual _____
(pump is required)
3. Written request for inspection received _____
4. Inspection scheduled _____
5. Inspection completed _____
6. Installation completed _____
7. All accts changed & paperwork completed _____

Second Service Unit: _____ Lot: _____

Depth to flow line referenced from location identified by

Post _____ Wire _____ Other _____