

CITY OF CHICO
APPLICATION FOR SEWER CONNECTION : SINGLE PARCEL
(PURSUANT TO CHAPTER 15.36 OF THE CHICO MUNICIPAL CODE)

SECTION I APPLICATION INFORMATION

A. **PROPERTY TO BE SERVED:** Address _____

A.P. No. _____ Location _____

Note: Limit one APN per application.

City **County** **NOTE:** *Annexation to City is normally required for sewer service.*

1. Is this property in escrow or for sale? _____

2. Existing Land Use: Vacant Non-Residential - Size: _____

Single Family Residential/No. of Units _____ Multiple Family Residential/No. of Units _____

3. Proposed Land Use (**Including Existing**): Non-Residential - Size: Use Table Below

Single Family Residential/No. of Units _____ Multiple Family Residential/No. of Units _____

If non-residential or mixed use, please complete the following:

<input type="checkbox"/> Hospital	<input type="checkbox"/> Convalescent Hospital	No. of beds _____
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> w/Restaurant	No. of rooms _____
<input type="checkbox"/> Dormitory/Group	<input type="checkbox"/> w/Food Service	No. of occupants _____
<input type="checkbox"/> School	No. of Full Time Equivalent Students _____	
<input type="checkbox"/> Office:	Sq.Ft. _____	
<input type="checkbox"/> Market	Sq.Ft. _____	
<input type="checkbox"/> Bakery	Lbs per day _____	
<input type="checkbox"/> Car Wash	Gal/day _____	
<input type="checkbox"/> Restaurant	Customers per/day _____	
<input type="checkbox"/> Industrial/Other: Describe & Estimate Gal/day _____		

NOTE: Industrial Users must also complete an "Industrial Waste Application/Permit"

4. Water Source On-site Well Cal-Water Company

B. REASON FOR INITIATING APPLICATION:

General Information Plan Check, No. _____ **FAILED SEPTIC**

C. APPLICANT: _____ **Phone:** Home: _____

Address: _____ Business _____

_____ Send Response:

D. OWNER: _____ **Phone:** Homes _____

Address: _____ Business _____

_____ Send Response:

E. SUBMITTED BY: _____ **Date:** _____ Owner Applicant Engineer

F. APPLICATION FEE PAID: \$ _____ 100.00 **OR No:** _____ **Date:** _____