WATER & WASTEWATER CAPACITY FEE DEFERRAL APPLICATION

1. **Applicant Name:** _____

Name of Business: _____

Sole Proprietorship: _____ S Corporation: _____ Partnership: _____

Corporation: _____ LLC/LLP: ____

Mailing Address: _____

Street Address: _____

Business Telephone: _____ **Email:** _____

Home Telephone: _____

Cell Phone: _____

Fax: _____

Project Address: _____

Federal Employer Identification Number:

_____

Assessor's Parcel Number for Business and/or Project Site:

_____

Zoning/Land Use Designation: _____

2. **Deferral Amount Requested:** $ _____

Uses of Funds:

Water Capacity Fee Commercial	$ _____
Sewer Capacity Fee Commercial	$ _____
TOTAL	$_____

3. **Ownership** (All owners of 20% or more of the applicant business are listed below):

Name _____

Home Address _____

City, State, Zip _____

Phone _____

Social Security # _____

% of Ownership _____

Name _____

Home Address _____

City, State, Zip _____

Phone _____

Social Security # _____

% of Ownership _____

4. **Number of Employees** (≤ 25 Full-Time Equivalent (FTE) employees):

Current: Full Time _____ Part Time _____
Proposed New Jobs: Full Time _____ Part Time _____

5. **Gross Receipts** (≤ $3,000,000 annually (most recent tax year)):

$ _____

6. **Project Valuation** (≤ $2,500,000 total building permit valuation)

$_____

APPLICANT'S CERTIFICATION/AUTHORIZATION

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the City to verify all information furnished in connection with the application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; insurance; and further, obtaining a credit report.

I/We also authorize the City to disclose any financial information on income tax returns or on my personal or business financial statements, for the purpose of obtaining a deferral on my behalf. I understand the information would be made available to City staff, City Council, and/or City contractors that may be involved in the processing of my deferral request.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review.

_____
Name

_____ _____
Signature Date

_____
Name

_____ _____
Signature Date