

# City of South Gate

## Department of Public Works

8650 CALIFORNIA AVENUE • SOUTH GATE, CA 90280-3075 • (323) 357-9657 FAX (323) 563-9572

#### APPLICATION FOR WATER SERVICE

	DATE:				
NAME:	COMPANY:				
PHONE:					
EMAIL:					
JOB ADDRESS/LOCATION:					
TYPE OF WATER SERVICE REQUIRE	D:				
☐ ESTIMATE FOR SERVICE					
☐ NEW METER SERVICE					
DOMESTIC - SIZE	INCH	INCH			
FIRE - SIZE	INCH	INCH			
☐ CONSTRUCTION METER					
OTHER (Please describe):					
ALLOW 10 WORKING DAYS TO	COMPLETE WA	ΓER SERVICE ESTIMATE(S).			
One set of building plans or a site plan showing by the applicant.	the water service size	e and location must be attached to this form			
The City will schedule the installation of the req the City, has been paid. If the actual cost of the s If the actual cost of service exceeds the amou remaining.	service is less than the	e amount deposited, a refund will be issued.			
I, the undersigned, understand that the City of So service size, quantity, or pressure. The City of So					
APPLICANT'	S SIGNATURE: _				
* * * *	* * * * * * * * * * * * * *	* *			
The estimated deposit is \$ installation will be scheduled. The date will be	Approximatelybe confirmed by the	days after deposit is received, the City after receipt of the deposit.			
WATER DIVISION'	S SIGNATURE:				

#### CITY OF SOUTH GATE WATER DEVELOPMENT IMPACT FEES FY 2015-16

### WATER DEVELOPMENT IMPACT FEES BY METER SIZE:

METER SIZE	FEE
<sup>3</sup> / <sub>4</sub> inch	\$8,955.39
<sup>3</sup> / <sub>4</sub> inch (single family residential on one parcel and not part of a new subdivision)	\$4,477.70
1 inch	\$19,318.57
1 inch (single family residential on one parcel and not part of a new subdivision)	\$7,164.31
1 ½ inch	\$46,273.11
2 inch	\$61,658.47
3 inch	\$135,000.75
4 inch	\$231,364.35
6 inch	\$520,569.79
8 inch	\$616,932.19

\$441.00	+	\$	+	\$	=	\$
Water Service Estimate		Water Impact Fee	_	Labor (Deposit)		Total Cost