



SEWER SYSTEM DEVELOPMENT CHARGE CALCULATION INFORMATION SHEET

City of Klamath Falls
Engineering
P.O. Box 237-226 S. 5th St.
Klamath Falls, OR 97601
Phone (541) 883-5368
Fax (541) 883-5287

For use by applicant in determining building and sewer use

- New Development Change of Use Remodel Expansion

Previous Use: _____ N/A Proposed Use: _____

- Manufactured Home space in Manufactured Home Park (common building at additional commercial rate and laundry areas at laundry rate) - number of spaces: _____
- School - maximum number of students: _____
- Church (school use at additional per student capacity rate) - number of seats: _____
- Hospital – general - number of beds: _____
- Convalescent Hospital - number of beds: _____
- Residential Care/Boarding Facility - number of beds: _____
- Hotel and Motel (additional charges for restaurant or tavern at restaurant or tavern rate; laundry areas at laundry rates; meeting room areas with fixtures at commercial rate) - number of rooms: _____
- Food preparation and serving areas - total square feet: _____
- Vehicle Wash: [check all that apply] Self-Service Full-Service
 All other vehicle washes - discharge in gallons per day: _____
- Laundromat - square footage of laundry room: _____
- Industrial Laundry - discharge in gallons per day: _____

Commercial, Office and Dry Industrial [check all that apply, and list all quantities below]

- | | | | | |
|---|-------|----------------|--------------------------------|--------------------|
| <input type="checkbox"/> Bathtub with or without shower: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Dental unit or cuspidor: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Dishwasher: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Disposal: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Drinking fountain: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Floor drain: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Fountain/backwash: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Kitchen sink: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Laundry tray: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Service sink: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Shower (each head): | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Swimming pool/backwash: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Urinal: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Urinal trough
(for each 2 foot sections): | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Wash sink
(for each set of faucets): | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Washing machine: | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |
| <input type="checkbox"/> Water closet (toilet): | # of: | existing _____ | adding/eliminating (+/-) _____ | Total _____ |

- Wet industrial (to be determined on an individual basis by City)
- Undefined building and sewer use (to be determined on an individual basis by the City)
- Additional loading or change of use (determined on a basis of new use for entire facility less credit for former use; no refunds if new use is less than former use)

Applicant: _____ a''''''''
Name [please print]

_____ a

PLEASE INCLUDE A SET OF PLUMBING PLANS WITH THIS FORM