



TOWN OF APPLE VALLEY – SEWER CONNECTION WORKSHEET

BUILDING AND SAFETY PERMIT #: _____

Inquiry Date: _____ Date Issued: _____ Permit #: _____

APPLICANT _____ SERVICE ADDRESS _____

APN: _____ - _____ - _____ LOT #: _____ TRACT #: _____ CROSS-STREET _____

ASSESSMENT DISTRICT # _____ ASSESSMENT # _____ MAP PAGE _____

UNIT TYPE: SFR _____ ADU _____ JR ADU _____ NEW _____
 MFR _____ # _____ MOBILE HOME _____ EXISTING _____
 COMM _____ NAME OF PARK _____ TI _____ ADD _____

Comments: _____

PLUMBING FIXTURE UNIT (P.F.U.) COUNT:

PLUMBING FIXTURES	# OF FIXTURES	# OF EQUIVALENT FIXTURE UNITS		TOTAL # OF PLUMBING FIXTURE UNITS (P.F.U.)
		RESIDENTIAL	PUBLIC	
*Bathtub (with or without shower)		2	4	
*Shower - no tub (each faucet set)		2	4	
*Laundry Tub/Clothes-Washer or Mop Sink		2	4	
*Lavatory (bathroom) Dual Basin		2	4	
*Lavatory (bathroom) Single Basin		1	2	
*Dishwasher		2	4	
*Sink (kitchen/utility)		2	4	
*Water Closet/Toilet (flush tank, home style)		4	6	
Bar Sink		1	2	
Dental Unit or Cuspidor		*	1	
Drinking Fountain (each head)		*	1	
Floor Sink		2	4	
Floor Drain (for emergency overflow)		1	1	
Lavatory (dental)		1	1	
R.V. Dump Station		4	20	
Recreational Vehicle Spaces (RV Parks)		8	8	
Sink (flushing rim, clinic)		*	10	
Sink (wash up, circular spray)		*	4	
Sink (wash up, each faucet set)		*	3	
Pedicure Spa Chair		*	4	
Urinal (flush type - old style)		*	3	
Urinal (pedestal or step-on type)		*	10	
Urinal (wall)		2	5	
Water Closet/Toilet (flush-o-meter, auto valve)		6	10	

MFR Units _____ X P.F.U. _____ = _____ | **TOTAL P.F.U.** _____

COMMENTS: _____

A. REGIONAL SEWER CONNECTION FEE (Victor Valley Wastewater Reclamation Authority)

Total Plumbing Fixture Units (P.F.U.) from Page 1 _____ X \$233.95
= TOTAL (A) \$ _____
ACCOUNT# 50100000.267500

B. LOCAL SEWER CONNECTION FEE (Town of Apple Valley)

Total Plumbing Fixture Units (P.F.U.) from Page 1 _____ X \$46.50
= TOTAL (B) \$ _____
(Minimum \$930.00)
ACCOUNT# 50100000.550020

C. BUY-IN OR CAPACITY FEES: Required of all connections outside of established sewer Assessment Districts

Total P.F.U. from Page 1 _____ / 20 = _____
(Equivalent Dwelling Units, E.D.U.)

Equivalent Dwelling Units _____ X Buy-In Fee per E.D.U. \$2,232.00

DATE: _____ = TOTAL (C) \$ _____
ACCOUNT# 50100000.550000

D. SEWAGE FACILITY FEES: Commercial Properties ONLY

1.	Prison (per bed)	\$ 146.52	X	_____	=	_____
2.	Restaurant (per seat)	\$ 65.92	X	_____	=	_____
3.	Cocktail Bar (per seat)	\$ 26.38	X	_____	=	_____
4.	Hospital (per bed)	\$ 329.76	X	_____	=	_____
5.	Laundromat (per machine)	\$ 293.04	X	_____	=	_____
6.	Day Care Ctr. (per child)	\$ 29.31	X	_____	=	_____
7.	Convalescent Care Ctr. (per bed)	\$ 73.26	X	_____	=	_____
					#1 - 7	TOTAL (D) \$ _____
						ACCOUNT# 50100000.267500

E. DEVELOPMENT IMPACT FEES (NEW CONSTRUCTION/OUTSIDE SEWER A.D./MASTER PLAN AREA):

*Commercial / Office Use	sq. ft.	_____	x \$0.83 =	\$ _____
*Industrial Uses	sq. ft.	_____	x \$0.68 =	\$ _____
*M.F.R.	Units	_____	x \$1,766.70 =	\$ _____
*Mobile Home Set-down/R.V. Set-Down		_____	x \$1,008.15 =	\$ _____
*Commercial Lodging	Rooms	_____	x \$743.81 =	\$ _____
*Single Family Residence				\$ 2,479.79
				TOTAL (E) \$ _____
				ACCOUNT# 47700000.570140

F. OTHER FEES:

LATERAL IN: YES / NO

1.	Lateral Inspection	\$ 223.00		\$ _____
2.	_____	\$ _____		\$ _____
				ACCOUNT# 50100000.550010

TOTAL SEWER CONNECTION CHARGE (ADD A – F) \$ _____

Final Date: _____ Date paid in full: _____

The sewer plans indicate the lateral location is approximately: _____