

Systems Development Charge Supplemental Application



Property Address _____

Tax Map and Tax Lot # _____

Associated Planning (PZ) number(s): _____ Building (BP) number: _____

Contact Information: Name _____ Phone _____



Type of Use: Commercial Industrial Residential

Description of Use _____



Mark all that apply:

- | | | |
|--|---------------------------------|-------|
| <input type="checkbox"/> Industrial, Warehouse, Manufacturing | Number of Employees | _____ |
| <input type="checkbox"/> Barber Shop, Salon, Theater | Number of Chairs | _____ |
| <input type="checkbox"/> Daycare, School, College, Church | Number of Attendees or Students | _____ |
| <input type="checkbox"/> Car Wash | Number of Bays | _____ |
| <input type="checkbox"/> Laundry | Number of Machines | _____ |
| <input type="checkbox"/> Nursing Homes, Hospitals, College Dorms | Number of Beds | _____ |
| <input type="checkbox"/> Motel, Hotel, Boarding House, College Dorms | Number of Rooms | _____ |
| <input type="checkbox"/> Apartments, Condos, Multi Family | Number of Units | _____ |
| <input type="checkbox"/> Drive through | Number of Windows | _____ |
| <input type="checkbox"/> Gas Station | Number of Fueling pumps | _____ |
| <input type="checkbox"/> Lodge, Fraternal Organizations | Number of Members | _____ |
| <input type="checkbox"/> Parks, stadiums | Number of Acres | _____ |
| | Number of Restrooms | _____ |

Restaurant Type: _____ Hours of Operation: _____

Circle all that Apply: Breakfast Lunch Dinner



Please Check one of the following construction types and answer the corresponding questions

New Structure New structure gross square footage: _____

Will the proposed structure connect to City of Bend water system: Yes No

If yes, what is the proposed meter size _____

Addition to Existing structure

Existing Square Footage: _____ Square Footage to be Added: _____

Is the existing structure connected to City of Bend water system: Yes No

Current water meter size: _____ Proposed Water meter size _____

Remodel of existing space/Change of Occupancy

Does the use currently exist in the space? Yes No

Existing Square footage: _____ Square Footage to be remodeled: _____

If yes, provide description and square footage: _____

Is the existing structure connected to City of Bend water system? Yes No

Current water meter size _____ Proposed Water meter size _____