

# SYSTEMS DEVELOPMENT CHARGE REIMBURSEMENT/CREDIT APPLICATION



**Permit Center**  
710 NW Wall St  
Bend, OR 97701  
P: 541-388-5580

COMMUNITY  
DEVELOPMENT

Submit completed form to: [Development@bendoregon.gov](mailto:Development@bendoregon.gov)

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Application Date: \_\_\_\_\_ Project #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Property location: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Owner(s) mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Submitter: \_\_\_\_\_ Email \_\_\_\_\_

Submitter mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Developer(s): \_\_\_\_\_

Developer(s) mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Engineering Firm: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name as it should appear in the Agreement: \_\_\_\_\_

Signature of Applicant/Representative: \_\_\_\_\_ Date \_\_\_\_\_

## **Submittal Requirements:**

- Application Fee**
- Copy of Construction Plans**
- SDC project list – applicable project highlighted**
- Map of district area boundary**
- Construction cost estimate and schedule of eligible bid items.**  
(Provide a detailed estimated summary of construction costs for eligible reimbursement improvements from contractor/developer. This will help the City of Bend Permit Center qualify and quantify reimbursable costs.)
- Reimbursement Improvement Type:**

Water	\$ _____	Est.
Sewer	\$ _____	Est.
Street	\$ _____	Est.

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## City of Bend Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Application #: \_\_\_\_\_