



ACCESSORY DWELLING UNIT REVIEW OF CAPACITY CHARGE FORM

5072 Benson Road
Union City, CA 94587
(510) 477-7500
Fax: (510) 477-7501

(Pursuant to Ordinance 35.22, Article IV, Section 3)

PRIMARY INFORMATION

Parcel Street Address _____ APN _____

ADU Street Address _____ City _____ Zip _____

Owner Name _____ Phone _____

Owner Mailing Address _____ City _____ State _____

Owner Email _____ Zip _____

Contact Name _____ Phone _____

Contact Company _____ Lic.# _____

Contact Mailing Address _____ City _____ State _____

Contact Email _____ Zip _____

City Building Permit No. _____ Date Issued _____

ACCESSORY DWELLING UNIT INFORMATION

ADU Floor Area (SF): _____ Detached Attached

Detailed Description of Project _____

SUBMITTAL REQUIREMENT: Site Plan showing existing structures, ADU, existing and new sanitary sewer piping

NOTE: If the ADU requires sanitary sewer work outside of the main structure, a Sewer Lateral Permit is required to connect the sewer.

SEWER CAPACITY CHARGE DETERMINATION (USD to complete)

Adjustment approved; capacity charge to be based on per square-foot rate determined from Single-Family Dwelling Unit Capacity Charge:

- o FY2019 = \$8,072.20/4,500 SF = \$1.7938/SF x ADU Floor Area _____ SF = \$ _____
- o FY2020 = \$8,897.71/4,500 SF = \$1.9773/SF x ADU Floor Area _____ SF = \$ _____

Adjustment denied: _____

Other: _____

By: _____ Date: _____

I hereby accept the adjustment described above and agree to pay the noted charge. I hereby waive and release the Union Sanitary District and its officers, agents and employees from any and all claims, actions, causes of action or demands arising out of the calculation of the capacity charge as noted above.

Owner: (Signature) _____ Date: _____