



Environmental Services

Sewer Availability Charge (SAC) Determination Application

Please Type or Print Clearly and Complete In Full

PROJECT TYPE: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Finish			
NEW	Business Name		Type of Business
	Site Address (if address not assigned – street intersections in lieu of street address)		City Name
	Site Location (ex. Mall of America, Oaktown Office Park, etc.)	Suite Number	Date of Occupancy From: To:
	Project Description		
Original Building Construction Date		Parcel Identification Number (PID)	
PREVIOUS	Business Name (at this location)		Type of Business
	Site Address	Suite Number	Date of Occupancy From: To:
	Has or Will the Building Be Demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No		Demolition Date
CONTACT	Contact Name		Phone Number
	Company Name		
	Complete Mailing Address		
	Email Address		

SUBMITTAL CHECKLIST

Include

- Complete SAC Determination Application Transmittal
- Architectural Floor Plans – 1 set; PDF floor plans are preferred (**No Spec Books**)
 - Must be same plan as submitted to City for their review
 - Scalable or with individual room dimensions for each room/space
 - Room Schedule, showing room use (if not specified on plan)
 - Seating layout (if restaurant, bar or theater) – Indoor and outdoor seating
 - Plumbing fixture layout (if clinic, hospital or parking garage)
- Demolition Plans (if existing or remodel) – 1 set- include room schedule
- SAC Affidavit, Reclaim, Transmittal-B and/or Transmittal-C forms (if applicable)

See “Additional Submittal Requirements” page for further submittal requirements

**Submit all of the above to SAC Technician at the address on the bottom of page or by PDF document to
 kelly.barnebey@metc.state.mn.us**



Sewer Availability Charge (SAC) Affidavit of Business Use Food/Drink Establishments

This form is to be submitted along with the other items listed on the Transmittal-A form if the business use is a food/drink establishment.

Business Name:	
Business Owner:	
Business Site Address:	City
Federal Tax ID:	Minnesota Tax ID:

***** Please check all boxes that pertains to your business *****

TYPE OF SERVICE (check all that apply):

Restaurant - Food Prepared and/or Served

- Yes
- No

Drinks Only - No Food Prepared

- Yes
- No

Take Out Only - No Food or Drink Served

- Yes
- No

TYPE OF DINING:

- Indoor Dining**
- Outdoor Dining**
- Indoor and Outdoor Dining**

If outdoor area is smoking only and no food or drink can be consumed, submit copy of City approved ordinance or City issued business license stating the restriction of food or drink from being consumed. If drinks can be consumed but no food, submit said copy of City approved ordinance or City issued business license stating the restriction.

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: _____
(Must Be Legible)

Signature of Business Owner: _____ Date: _____

Sewer Availability Charge (SAC) Affidavit of Business Use Manufacturing

This form is to be submitted along with the other items listed on the Transmittal-A form if the business use is a manufacturing establishment.

Business Name:	
Business Owner:	
Business Site Address: <small>Street</small>	<small>City</small>
Federal Tax ID:	Minnesota Tax ID:

* * * *Please check all boxes that pertain to your business* * * *

TYPE OF FACILITY:

Existing Facility(s) - or - New Facility

Multi-Tenant Facility or Campus

Yes
 No

Permitted Industry Through MCES Industrial Waste Division

Yes Permit # _____
 No

TYPE OF MANUFACTURING PROCESS:

Dry Process - no process water discharges into the sanitary sewer

Wet Process - process water discharges into the sanitary sewer
Maximum potential process discharge into the sanitary sewer
 gallons per day

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: _____
(Must Be Legible)

Signature of Business Owner: _____ Date: _____