

Residential Sewer Use Certification Sewage Treatment Capacity Charge

To be completed for all new sewer connections, reconnections, or change of use of existing connections.

Please Print or Type (to be filled out by owner/representative)

6950 SE Maker St

Property Street Address
Mercer Island WA 98040
City State ZIP
Dorothy Strand

Owner's Name

Party To Be Billed (if different than owner)

Mailing Address

City State ZIP
425.802.1455

Owner's Phone Number (with Area Code)
Jason Koehler - 206.730.1237

Property Contact Phone Number (with Area Code)

Please check appropriate box: Residential Customer Equivalent (RCE)

Single-family (free standing, detached only)

- Net square footage less than 1,500 Square Feet 0.81
- Net square footage 1,500 to 2,999 Square Feet 1.0
- Net square footage 3,000 Square Feet or greater 1.16
- Detached accessory dwelling unit (DADU) 0.59
- Attached accessory dwelling unit (ADU) 0.59

Multi-Family (including structures attached by common wall, breezeway, stairway, etc.):

- Duplex or any Single-Family + ADU (0.81 RCE per unit) 1.62
- 3-Plex (0.81 RCE per unit) 2.43
- 4-Plex (0.81 RCE per unit) 3.24
- 5 or more (0.63 RCE per unit)
No. of Units _____ x 0.63 =
- Mobile home space (1.0 RCE per space)
No. of Spaces _____ x 1.0 =

If Multi-family, will units be sold individually? Yes No

If yes, will this property have a Homeowner's Association?

Yes No

Pursuant to King County Code 28.84.050, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council at a rate per month, per residential customer or residential customer equivalent, for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County Wastewater Treatment Division at 206-477-5516.

I understand that the information given is correct. I understand that the capacity charge levied will be based on this information. I understand that any deviation may result in a revised capacity charge.

Signature of Owner/Representative Jeffrey P. Almeter

Print Name of Owner/Representative Jeffrey P. Almeter

Date 29 Feb 2024 00003

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

To be filled out by Sewer District

Sewer District _____

Sewer or Building Permit Final Date _____

Side Sewer or Building Permit Number _____

Required: Property Tax Parcel Number

Subdivision Name Subdivision Number

Lot Number Block Number

Building Name _____

Please report any demolitions of pre-existing structures on this property. Credit for a demolition may be given under some circumstances.

(See King County Code 28.84.050, O.5)

Demolition of pre-existing structure? Yes No

Was structure on sanitary sewer? Yes No

Was sewer connected before 2/1/90? Yes No

Sewer disconnect date: _____

Type of structure(s) demolished: _____

Address of demolition: _____

Demolition/Capping Permit Number: _____

Are multiple structures replacing the demolished structure?

Yes No