

CITY OF LEWISTON
SANITARY SEWER IMPACT FEE

Subject Address: _____ **Date** _____

Contact Information

Name: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

I hereby certify that the information provided is accurate to the best of my knowledge and that I have received a copy of the Sewer Impact Fee Policy.

Signature of Owner/ Agent

Proposed Use of Property
(Please check applicable items)

Residential: _____

Number of units: _____

Non-residential _____

Increase in meter size

Current meter size _____

Fee Schedule

Residential: Single-family \$1055.00 Two-family/ Multifamily: \$790.00 per unit

Non-Residential (Commercial, Industrial, Institutional, Mixed-use)

Fee shall be based on the water meter size (diameter of the bore of the meter) servicing the structure.

5/8	\$790.00	3-inch	\$18,165.00
3/4	\$1,140.00	4-inch	\$32,290.00
1 inch	\$2,020.00	6-inch	\$72,650.00
1 ½ inch	\$4,545.00	8-inch	\$129,150.00
2-inch	\$8,075.00		

Fee Calculation (For office use only)

Single-family _____ Two-family/Multifamily: Number of units X \$790. _____

Non-residential meter size: _____ Fee: _____

Credit for meter increase:

Proposed meter size fee _____ minus existing meter size fee _____ = _____

Payment received by _____ Receipt date _____