Residential Sewer Use Certification
Sewage Treatment Capacity Charge

King County
Wastewater Treatment

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)*

Property Street Address: _____

City: _____ State: _____ ZIP: _____

Owner's Name: _____

Party To Be Billed (if different than owner):

_____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Owner's Phone Number *(with Area Code)*:

_____

Property Contact Phone Number *(with Area Code)*:

_____

For King County Use Only

Accounty #: _____

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 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	1.00
☐ Net square footage 3,000 Square Feet or greater	1.16
Other:	
☐ Attached accessory dwelling unit *(ADU)*	0.59
☐ Detached accessory dwelling unit *(DADU)*	0.59
☐ 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-Plex or more *(0.63 RCE per unit)*	3.24
No. of Units____ x 0.63 = ____	
☐ Live/work No. of Units____ x ____ = ____ *(work potion - please fill out a non-residential form)*	
☐ Low-income No. of Units____ x 0.32 = ____	
☐ Microhousing No. of Units____ x 0.35 = ____	
☐ Mobile home space *(1.0 RCE per space)*	
No. of Spaces____ x 1.00 = ____	

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

If yes, will the capacity charge be paid by the Homeowner's Association? ☐ Yes ☐ No

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, 0.5)

Demolition of pre-existing structure? ☐ Yes ☐ No

Was structures on sanitary sewer? ☐ Yes ☐ No

Was sewer connected before 02/01/1990? ☐ Yes ☐ No

Sewer disconnect date: _____

Type of structure(s) demolished: _____

Address of demolition: _____

City: _____ State: _____ ZIP: _____

Demolition/Capping Permit Number: _____

Are multiple structures replacing the demolished structure?

☐ 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: _____ Date: _____

Print Name of Owner/Representative: _____