

Economic Development Treatment Capacity Bank Sewer Credit Application



Please print or type your responses to the questions below. When complete, return to: Economic Development Specialist, City of Elk Grove, by mail at 8401 Laguna Palms Way, Elk Grove, CA 95758, by email to laguilar@elkgrovecity.org, or by fax to (916) 478-3690.

City of Elk Grove
Development Services
8401 Laguna Palms Way
Elk Grove, CA 95758

Please call (916) 683-7111 with any questions as to eligibility for sewer credits or for assistance in completing the application.

Phone: 916-683-7111
Fax: 916-691-3168
www.elkgrovecity.org

1. Name of Business: _____
2. Address for which Credits are sought: _____
3. City: _____ State: _____ Zip Code: _____
4. Assessor's Parcel Number: _____
5. Legal Name of Business Owner: _____
6. Owners Mailing Address: _____ City: _____ State: _____ Zip Code: _____
7. Owner's Phone Number: _____ Owner's Fax Number: _____
Owner's Email Address: _____
8. Please describe the type of business or development project for which this application is being Submitted: _____

9. Please attached a quote from the Sacramento County Regional Sanitation District stating the number of ESDs that will be needed for the above-described project. The City will not accept applications unless a quote from Regional Sanitation is attached.
10. Is this a new business at this location or an expansion of an existing business at this location? New Expansion
11. How many new jobs will be created by this new business opening or expanding? Please do not include existing jobs existing jobs connected to the business: _____ .
12. Is this a business relocating from another site within the Sacramento Metropolitan area? Yes No
If Yes, what address is it relocating from? _____
13. Has the subject parcel been previously occupied by a residence and/or business? Yes No
If Yes, applicant may need to to provide evidence documenting preexisting use.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____

To be completed by City of Elk Grove Staff

Approved By: _____ Credits Approved: _____

Print Name: _____ City Resolution Number: _____

Date: _____