Metropolitan Council | Environmental Services
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MCES Minor Credit Transfer - D
Last Updated: 12/30/22

Sewer Availability Charge (SAC)
2023 MINOR CREDIT TRANSFER
Submittal Checklist

City Name: _____

Business Name: _____

Current Site Address: _____

Future Site Address: _____

THIS FORM SHOULD BE SUBMITTED WITH THE SAC ACTIVITY REPORT FOR WHICH THE PERMIT IS ISSUED FOR THE FUTURE SITE.

1. A Minor Credit Transfer originates only from a City request. The City is responsible for all arrangements between business owners, property owners or other stakeholders.

2. The Minor Credit Transfer is limited to 10 SAC per SAC determination only for the benefit of the current business moving from one site to another. SAC Credit must originate from actual SAC paid to the Metropolitan Council.

3. The Minor Credit Transfer is for Commercial properties only. It is not applicable to Residential or Industrial Permittee properties.

4. A minimal SAC demand for the existing site must be retained (as appropriate for the type of property – retail, office, and/or warehouse) with a minimum of 1 SAC for all stand-alone buildings.

Questions:

1. Has a determination been completed for the future site?

   ☐ No   ☐ Yes, Determination letter reference number _____

2. What is the number of SAC units to be transferred to the future site (approved by the Council)?
   _____ SAC

3. What is the number of SAC units to remain at the current site (approved by the Council)?
   _____ SAC

4. Who owns the real estate at the current location?
   ☐ The business owner owns the real estate at the current site.
   ☐ The business is a *tenant* of the property owner at the current site and has the approval to transfer SAC credits to a new location.

* * * * *

I understand that the Community is responsible for any disputes between stakeholders. I hereby certify that I have read and understood this form, that I am authorized to sign, and that the answers are true to the best of my knowledge.

Print Name of Government Official: _____

Title of Government Official: _____

Date: _____