Metropolitan Council | Environmental Services
390 Robert Street North
St. Paul, Minnesota 55101-1805
651.602.1770 | 651.602.1030 fax

Sewer Availability Charge (SAC)
2020 DETERMINATION APPLICATION

Return application, forms and plans to: **SACprogram@metc.state.mn.us**

If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.

CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: _____

Type of Business: _____

Estimated Year of Occupancy: _____

Site Address (if address not assigned, need street intersections): _____

Suite Number: _____

City Name: _____

Site Location / Campus (e.g. Mall of America; etc.): _____

Parcel Identification Number (PID): _____

Original Building Construction Year: _____

Describe What You Are Doing: _____

_____

PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if this project is not a brand new building and there was a different business previously)

Previous Business Name in same space as current project: _____

Previous Type of Business: _____

Estimated Year(s) of Occupancy: _____

Previous Site Address (if different than current project): _____

Previous Suite Number (if different than current project): _____

Entire Building Has Been or Will Be Demolished? (Check no or yes) ____ No or ____ Yes, Year _____

CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: _____

Company Name: _____

Contact Phone Number (xxx-xxx-xxxx): _____

Contact Email Address: _____

See next page for Instructions on how to fill out the Application, Submittal Checklist and Additional Submittal Requirements

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Sewer Availability Charge (SAC) 2020 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business –** Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy –** What year did (or will) this business move into this space?
3. **Site Location/Campus –** The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number –** This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year –** When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business –** This helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address/suite number is different than the current address/suite number, enter this here.
8. **Contact Information** – This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person. If more than one contact, must enter both on form.
9. **Save this Transmittal-A form and email with the other items from the list below.**

ITEMS YOU ARE REQUIRED TO SUBMIT

The following items must be included in your determination application to be accepted:

1. SAC Determination Application (Transmittal-A) – fill out all lines
2. Site Plan or an aerial photo pinpointing the location of the building
3. Architectural Floor Plans Sheet Only (do not send full set of plans or application will be rejected). Must be:
    a. The **entire** gross square feet for the entire tenant/business space (not just the portion of remodel)
    b. Scalable or with individual dimensions shown on the plan for every room and every space
    c. All rooms labeled on the plan for the intended use of the space, or room schedule
    d. Plumbing and fixture layout (for airplane hangars, animal clinic/grooming, arena team/referee room, concession building, mini storage, park shelter, and parking garage)
    e. Do not send foundation, ceiling, power, electrical, or finish plan sheets or application will be rejected.
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
    a. Scalable or with individual dimensions shown on the plan for every room and every space
    b. All rooms labeled on the plan for the previous use of the space, or room schedule