



CAMBRIA COMMUNITY SERVICES DISTRICT  
P.O. Box 65, Cambria, CA 93428 · Phone (805) 927-6223

**APPLICATION FOR ASSIGNMENT OF WATER & SEWER "POSITION" OR "PERMITS"**

Revised 4/6/2017

APN:    -    -    Street: \_\_\_\_\_

Please Check Type:  Wait List Position # \_\_\_\_\_  Intent to Serve Letter  Connection Permit

**SELLER(S):**

*(Note: use as many application forms as needed to provide space for notarized signatures of additional sellers.)*

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_ **Agent Phone:** \_\_\_\_\_

**Agent Address:** \_\_\_\_\_ **Agent Email:** \_\_\_\_\_

Is this a partial assignment?  No  Yes *(Indicate which property owners are NOT assigning their position or permit below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of Cambria Community Services Code Section 8.04.090, which I/we have been provided and have read, I/we hereby request assignment of the above referenced position to the person(s) named below. I/we understand that prior to processing this application an original title report must be provided to the District by the Title Company.

I/we, under penalty of perjury, warrant that all statements made herein are true and correct.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

State of California

County of \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On \_\_\_\_\_ 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his / her / their authorized capacity(ies), and that by his / her / their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PURJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_

*This area for official notarial seal*

**BUYER(S):**

<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
<b>Agent Name:</b> _____	<b>Agent Phone:</b> _____
<b>Agent Address:</b> _____	<b>Agent Email:</b> _____

**DO NOT WRITE BELOW THIS LINE - DISTRICT USE ONLY**

Date Application Received:	<p style="text-align: center;">Documents Included:</p> <p>Notarized Application <input type="checkbox"/> Preliminary Title Report <input type="checkbox"/></p> <p>New Position Application <input type="checkbox"/> New Disclosure <input type="checkbox"/></p> <p>Recorded Grant Deed <input type="checkbox"/></p> <p>Assignment Fee Paid <input type="checkbox"/> Check # _____ SERWB</p> <p>Notes: _____</p>
----------------------------	---

*Upon receipt and confirmation of above documents, Conditional Approval shall be provided to Escrow, seller and buyer.*

**Conditional Approval Issued:**

/  /

*Upon receipt of recorded grant deed, Final Approval shall be provided to grantor and grantee.*

**Final Approval Issued:**

/  /

CAMBRIA COMMUNITY SERVICES DISTRICT  
P.O. Box 65, Cambria, CA 93428 (805) 927-6223

**APPLICATION FOR REPLACEMENT OF OWNER  
FOR ALLOCATION OF WATER & SEWER SERVICE**  
(Pursuant to Provisions of Title 8 of the CCSD Municipal Code)

**"RESIDENTIAL"**

The undersigned hereby applies as replacement owner for the "position" originally established prior to the closure of waiting list on December 31, 1990.

Date: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone (optional): \_\_\_\_\_  
Email Address(es): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Street City State Zip

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_  
Agent Email: \_\_\_\_\_  
Agent Address: \_\_\_\_\_  
Street City State Zip

Proposed Service **Location** (street): \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Tract: \_\_\_\_\_ APN: 

--	--	--

 - 

--	--	--

 - 

--	--	--

**Project** Designation:  Single Family Residence (1 EDU)  Multi-Family Residence # Units/EDUs \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT or AUTHORIZED AGENT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

-----  
**FOR DISTRICT USE ONLY**

All documents received. Assignment Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

CAMBRIA COMMUNITY SERVICES DISTRICT  
**DISCLOSURE AND ACKNOWLEDGEMENT**

Effective 8/19/2019

For project proposed to be located on Assessor's Parcel No.(s):

				-					-			
--	--	--	--	---	--	--	--	--	---	--	--	--

- Cambria Community Services District Code Section 8.04.070, as may be amended, of the Cambria Community Services District, hereinafter referred to as CCSD, provides for project placement on a CCSD waiting list for water and sewer connection permits.
- An annual Wait List Administration Fee\* will be assessed on each waiting list position, which shall be billed on a fiscal year basis on or about July 1<sup>st</sup> each year.
- Upon an application maturing to the point of CCSD issuance to the applicant(s) of water and sewer connection permits, applicant agrees to pay to the CCSD the amount of the connection fee in effect at the time connection permits are issued.
- If an applicant submits to the CCSD a request for removal from waiting list, the DISTRICT will take such action upon receipt of non-refundable withdrawal fee\* and any such documents as required per CCSD code section 8.04.080 as may be amended.
- If an applicant assigns ("sells") the position, the appropriate assignment procedures (CCSD Code Section 8.04.090) must be completed and the assignment fee\* paid.

\* See District Fee Schedule for current fee amounts

**SPECIAL NOTE**

An applicant's placement on a water and sewer allocation waiting list, the CCSD's issuance to the applicant of an "Intent to Serve" letter and the CCSD's issuance to the applicant of water and sewer connection permits shall all be subject to current and future rules, regulations, resolutions and ordinances of the Cambria Community Services District. Such placement on a waiting list or such "Intent to Serve" letter may be revoked as a result of conditions imposed upon the CCSD by a court or governmental agency of higher jurisdiction, or by a change in availability of resources, or by a change in ordinances, resolutions, rules or regulations adopted by the Board of Directors for the protection, health, safety and welfare of the CCSD. The Board of Directors of the CCSD reserves the right to revoke such placement on waiting list, or such "Intent to Serve" letter at any time. In addition, the Board of Directors reserves the right to increase, decrease, or otherwise modify the connection fees and/or establish such other conditions or requirements prior to the issuance of an "Intent to Serve" letter.

The applicant(s) identified and signed below do hereby acknowledge receipt of and understanding of the information contained herein. Applicant further acknowledges that in the event any interest in said property is transferred to another person without approval of assignment prior to transfer in accordance with CCSD policy will result in the need for determination by the board of directors and the applicant will be required to pay a board processing fee instead of the assignment fee.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name) (signature)

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name) (signature)