CITY OF BEND
COMMUNITY DEVELOPMENT

Development Services Division
710 NW Wall Street
Bend, OR 97703
541-388-5580
development@bendoregon.gov

SYSTEM DEVELOPMENT CHARGES SUPPLEMENTAL APPLICATION

This submittal form is to be completed as part of your application with the City of Bend. *Download this form before completing fillable fields,* then upload with your application through the Online Permit Center at **www.bendoregon.gov/permitcenter.**

Property Address: _____

Type of Use: ☐ Commercial ☐ Industrial ☐ Residential

Water Provider: ☐ City of Bend ☐ Avion ☐ Roats

Description of Use
Describe the proposed development. If this is a business, identify the type of business and the activities that will occur in the tenant space (e.g., retail sales, office work, food service, manufacturing).

Select one option below and complete the corresponding fields:

☐ New Structure Total square footage: _____

☐ Addition to Existing Structure
Existing square footage: _____ Square footage to be added: _____

☐ Remodel or Change of Occupancy (Existing Structure)
Existing square footage: _____
Square footage of remodel or change of occupancy: _____

If your use falls under any of the following categories, please select the appropriate category and complete the corresponding questions:

☐ Restaurant
Type: ☐ Table Service ☐ Quick Service/Counter Service
*(See the **SDC Fee Schedule** for definitions)*
Is there a drive-through? ☐ Yes ☐ No

☐ Retail/Mercantile
Is more than 50% of floor area dedicated to warehouse/storage for items that require water for growing, cleaning, etc.? ☐ Yes ☐ No
(*If yes, see the **SDC Calculations Requiring Analysis process document***)

☐ Daycare, School, College Total Number of Attendees: _____

☐ Hotel, Motel, Dormitory, RV Park Number of Rooms/RV Spaces: _____

☐ Warehouse/Storage/Distribution Center
Do stored products require water for growing, cleaning, etc.? ☐ Yes ☐ No
(*If yes, see the **SDC Calculations Requiring Analysis process document***)

☐ Industrial/Manufacturing
Is water used during the production process? ☐ Yes ☐ No
(*If yes, see the **SDC Calculations Requiring Analysis process document***)

☐ Multi-Unit Dwellings Is this development 55+ age restricted: ☐ Yes ☐ No
Number of Units to be Constructed Under This Permit: _____
Total Number of Units in the Development: _____

☐ Gas Station Number of Fueling Positions: _____

☐ Car Wash Number of Bays: _____
Type: ☐ Automated ☐ Manual/Self-Serve

☐ RV Dump Station (at gas station or other site)
Number of Dump Stations: _____

☐ Public Park, Golf Course Number of Acres: _____

City of Bend Water Customers

(Does not apply to Avion or Roats customers)

Check all that apply:

☐ An additional **irrigation water meter** is proposed to serve the property.
Irrigation meter size: _____

☐ The property will have a water meter that serves both indoor water uses and the irrigation of turf over ¼ acre.
How many acres of turf will be irrigated? _____

Declaration and Signature

By signing below, the applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief, and is provided for the purpose of the City determining the appropriate system development charges to assign to the proposed development. The City may verify any information contained in this application from any source by any legal means, before or after building permit issuance and/or occupancy. The development is subject to Bend Municipal Code section 12.10.190 (enforcement) for all SDCs due, including any additional SDCs due for the true nature of the development proposed, if information on this application is determined not to be accurate. Enforcement may include withholding of certificate of occupancy or a lien on the property.

_____	_____	_____
Applicant Signature	Printed Name	Date

Accommodation Information for People with Disabilities & Language Assistance Services
You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please email **accessibility@bendoregon.gov** or call 541-693-2198. Relay Users Dial 7-1-1. All requests are subject to vendor processing times and should be submitted 48-72 hours in advance of events.

Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad
Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto en correo electrónico **accessibility@bendoregon.gov** o número de teléfono 541-693-2198. Los usuarios del servicio de retransmisión deben marcar el 7-1-1. Por favor, envíe sus solicitudes con 48-72 horas de antelación al evento; todas las solicitudes están sujetas a los tiempos de procesamiento del proveedor.