



**City of Minneapolis
Development Services
Development Review Customer Service Center
505 4th Ave S., Rm 320
Minneapolis, MN 55415-1391
Sewer Availability Charge
Deferral Program Application**

Business Information: Page 1 to be completed by the Applicant for the Deferral Program (business owner or tenant)

Legal Company Name: _____

Business Name/DBA: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Contact: _____ Owner Officer Partner

Other _____

Contact Phone Number: _____ Business Phone Number: _____

Email: _____

Mailing Address (If different than the Business Address)

_____ City: _____ State: _____ Zip Code: _____

Deferment Program Information:

- The deferment amount is equal to seventy percent (70%) of the SAC fee.
- The deferment term is ten (10) years.
- The interest rate will be determined by Metropolitan Council.
- Each deferment plan will have payment dates of June 30 and December 31.
- Written notice must be sent to the City of Minneapolis if the business was to close before the deferment plan was paid in full.
- Any outstanding payments will be assessed to the property.

A NOTARIZED SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension, or revocation of the Service Availability Charge (SAC) Deferral Plan agreement.

SIGNATURE OF DEFERRAL PROGRAM APPLICANT _____ **DATE** _____

Subscribed and sworn to me this _____ day of _____

Notary Public:

County of:

My commission expires:

SIGNATURE OF NOTARY _____



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Property Owner Information: Page 2 to be completed by building owner or management company

Property ID Number: _____

Property Owner: _____

Taxpayer Name & Address: _____

Mailing Address (If different than the Property Address)

_____ City: _____ State: _____ Zip Code: _____

Property Contact: _____ Title: _____

Property Contact Phone Number: _____

Property Contact Email: _____

Answer the following questions:

1. yes no The proposed business within your building may apply for the SAC Deferral Program.
2. yes no Property owner understands the deferment term is ten (10) years.
3. yes no Property owner understands the applicant will have payment dates of June 30 and December 31.
4. yes no Property owner understands outstanding payments will be assessed to the property.
5. yes no Property owner understands the applicant and/or property owner must give notice to the City of Minneapolis if the business were to close before deferment was paid in full.
6. yes no Property owner understands if the participating business closes before the deferment is paid in full the site will only get credit for each SAC paid unit. No payments will be refunded.

A NOTARIZED SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension, or revocation of the Service Availability Charge (SAC) Deferral Plan agreement.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

Subscribed and sworn to me this _____ day of _____

Notary Public:

County of:

My commission expires:

SIGNATURE OF NOTARY _____

Office Use Only

Address on Determination: _____ Date of Determination: _____

Reference # on Determination: _____ Net SAC Units: _____

Total Charge: _____ 30% Down Payment: _____ Total Deferred: _____