# Deferment Application (Water/Sewer)

**Community Development/Planning Dept.**
**401 N. Madison St., Spring Hill, KS 66083**
**(913) 592-3657 ● (913) 592-5040 FAX**
**planning@springhillks.gov ● www.springhillks.gov**

## ***ECONOMIC STIMULUS RESIDENTIAL DEVELOPMENT PROGRAM***

Building Permit Number:_____

Property Address:_____

Legal Description:_____

Applicant Name(s):_____

Applicant Phone:_____

Applicant E-Mail:_____

I/We, the Applicant(s) for the above referenced property, hereby request that the City of Spring Hill defer the payment of:

☐ Sewer System Development Fee: $5,825.00 Permit No._____

☐ Water System Development Fee: $2,905.00 Permit No._____

In accordance with the 2016 Economic Stimulus Residential Development Program established by Resolution No. 2015-R-22.

***It is further understood that the deferred amount must be paid in full by the applicant above prior to a final inspection being conducted by city staff. The final inspection will not be conducted without full payment and the amount deferred cannot be transferred or assigned to any other party.***

By signing this application, I/we certify that I/we understand and agree with the terms of this deferment. I/We understand that an Administrative Fee of $50 will be assessed for application processing and administration. I/We request that the City of Spring Hill defer the payment of the applicable development fee(s).

_____ _____
Applicant(s) Signature Applicant(s) Printed Name

_____ _____
Date Total ($) Amount Deferred

**OFFICE USE ONLY**

Authorized by:_____Date:_____