



### Deferment Application (Water/Sewer)

Community Development/Planning Dept.  
502 E. Nichols 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: \_\_\_\_\_

Lot No: \_\_\_\_\_ Block No: \_\_\_\_\_ Subdivision: \_\_\_\_\_

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 2018 Economic Stimulus Residential Development Program established by Resolution No. 2017-R-24.**

***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

<b>OFFICE USE ONLY</b>	
Authorized by: _____	Date: _____