



REQUEST FOR INSTALLMENT
PAYMENTS OF SDC

Service Fee:	100.00
Processing Fee:	\$ 10.00
Automation Fee:	\$ 2.50
Total:	\$ <u>112.50</u>

Building Permit Issuance Date: _____

**REQUEST FOR INSTALLMENT PAYMENTS OF SYSTEMS DEVELOPMENT CHARGES
FOR PROPERTIES OUTSIDE CITY LIMITS AND PAYING CITY SDCs**

Instructions: Applicants are required to complete this application, furnish the required supporting documents, and sign the application. If there is more than one property owner, all owners must sign the application. The **required attachment** to this application is a copy of the **recorded deed of ownership** for the property **certified** by the County Clerk.

Process: Once the owner has provided the signed application and required attachments, staff forwards an ordinance to the City Council. The Council may approve the request no earlier than 150 days following the date of building permit issuance. Following Council approval by ordinance passage, the City's Finance Department will notify the property owner that a lien is in place against the property.

Property Address: _____
(Street Address, Lot, Block, and Addition)

Owner(s) Name: _____ Telephone: _____

Owner(s) Mailing Address: _____

In connection with the Systems Development Charges (SDC) listed below that are due the City of Salem, Oregon, I/we hereby request, pursuant to Salem Revised Code 41.140(c), to have a lien placed on the subject property. I/we do hereby waive all irregularities or defects, jurisdictional or otherwise, to the SDC. I/we agree to pay the amount due in semiannual installments with an interest thereon at the rate of 9.5 percent per annum on the unpaid balance of said SDC. In consideration of the granting of this request, I/we further agree to accept complete responsibility for informing any purchaser of the subject property that a lien for the SDC, payable to the City of Salem, is in place against the property.

Parks SDC (GL: <u>2890200032228</u>)	\$ _____	Sewer SDCR (GL: <u>5890302032226</u>)	\$ _____
Water SDCR (GL: <u>5890202032218</u>)	\$ _____	Sewer SDCI (GL: <u>5890302032226</u>)	\$ _____
Water SDCI (GL: <u>5890202032218</u>)	\$ _____	Transportation SDC (GL: <u>5890102532231</u>)	\$ _____
Storm SDCI (GL: <u>5890303032235</u>)	\$ _____	Total	\$ _____

Individual:	Representative:
STATE OF OREGON) _____	STATE OF OREGON) _____
) _____) _____
County of _____) _____	County of _____) _____

This instrument was acknowledged before me on _____ This instrument was acknowledged before me on _____
_____, 20____, by _____ _____, 20____, by _____ as
_____ of
_____.

Notary Public—State of Oregon
My commission expires: _____

Notary Public—State of Oregon
My commission expires: _____

Check \$ _____ Check # _____ Cash \$ _____ Billed \$ _____ PO# _____ Rec'd. ___ / ___ / ___ By _____