

OFFICE USE ONLY

Impact Fee ILMS Project Number:	WCR File Number:
--	-------------------------

The guidelines determining capacity, assessing impact fees, and issuing points of connections are located within [Chapter 47](#) of the City of Houston Code of Ordinances and the [Impact Fee Service Unit Equivalency Table](#).

All transfer applications must be accompanied with:

1. A site plan or survey indicating the dimensions of the property must be attached to the Wastewater Capacity Reservation Transfer Application when the site is:
 - a. Not located in a subdivision;
 - b. Located on a portion of a lot or reserve in a subdivision; or
 - c. An acreage tract.
2. A title report less than thirty (30) days old must be submitted for the property from which capacity is to be transferred.
3. Written approval of the transfer from any and all lien holders listed on the title report.
4. Capital Recovery or Impact Fee Receipt for the wastewater to be transferred.
5. Application processing fee.

Please note: When transferring from one site to another, both sites must be located within the same treatment plant area.

It may take one to two weeks to process a Wastewater Capacity Reservation Transfer Application. For questions or additional information, please contact Impact Fee Administration personnel at 832.394.8888 or TSCApplications@houston.tx.gov.

Owner of the site from which capacity is to be transferred:

Name				
Address				
City	State	ZIP Code		
Email	Phone Number			
Printed Name	Signature			

Owner of the site to which capacity is to be transferred:

Name				
Address				
City	State	Zip Code		
Email	Phone Number			
Printed Name	Signature			

OFFICE USE ONLY

Impact Fee ILMS Project Number:	WCR File Number:
--	-------------------------

Property Information (to the site)					
Service Address					
City			State	ZIP Code	
Property Tax Account Number(s)					
Lot(s)	Block		Reserve		
Subdivision			Section		
Building Project Number			Demo Project Number		
Tract Size (Acres or Sq. Ft.)					

Service Requested (to site)		Type of Development (to site)					
<input type="checkbox"/>	Water	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Interior Only Remodel
<input type="checkbox"/>	Wastewater	<input type="checkbox"/>	Additional Building	<input type="checkbox"/>	Exterior Addition	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Stormwater	<input type="checkbox"/>	Tenant Build-Out	<input type="checkbox"/>	Conversion		

Please review the [Impact Fee Service Unit Equivalency Table](#) and describe the project below.

Previous Development (Sq. Ft., and/or Occupancy Load)	
Existing Development (Sq. Ft., and/or Occupancy Load)	
Development to be Removed (Sq. Ft. and/or Occupancy Load)	
Proposed Development (Sq. Ft.) (Residence - provide <u>Total Covered Area</u> and all floors)	

OFFICE USE ONLY

Impact Fee ILMS Project Number:		WCR File Number:	
--	--	-------------------------	--

Property Description (from the site)

Service Address											
City				State		ZIP Code					
Property Tax Account Number(s)											
Lot(s)				Block				Reserve			
Subdivision				Section							
Survey				Abstract #							
Tract(s)											
Tract Size (Acres or Sq. Ft.)											

Amount of capacity to transfer (from the site)

Service Units		Gallons per day	
Additional Information			