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**RESOLUTION TO IMPOSE A FEE REGARDING  
DEVELOPMENT PLANS AND SUBMITTALS**

**Whereas**, the Fountain Sanitation District is frequently asked to review development plans, review submittals, review requests for approval of plans, review design and specifications regarding sewer systems for acceptance into the Fountain Sanitation District’s sewer system, and

**Whereas**, the District often uses the services of professional engineers, accountants, and/or attorneys to review these submittals, and

**Whereas**, the cost associated with the review of these submittals should be borne by the person requesting the review and not by the taxpayers at large.

**Be It Therefore Resolved** that the Authorized District Representative is hereby authorized to collect on deposit the amount referenced within its schedule of Rates and Fees (*currently \$2000*) established annually and maintain records concerning the actual costs associated with the review of development plans, submittals, requests for approval of plans, requests for annexation, requests for reviews of easements, requests for inclusion, requests for exclusion, requests for special waivers concerning the provision of service by other district, requests for acceptance of sewer system facilities into the Fountain Sanitation District, and any other request made of the District which necessitate the employment of professional services by the District.

**Be It Further Resolved** that the Authorized District Representative is hereby authorized to refund the deposit fund balance or difference of actual costs associated minus the amount held on deposit or invoice any person or entity requesting a review as set forth above for the District’s actual costs incurred in responding to the request and to take all necessary and reasonable actions for the collection of said costs, including any reasonable attorney fees and costs incurred in connection with collection of any fee imposed and unpaid.

Agreed to this on \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Identified Development/Project Name: \_\_\_\_\_

Printed Name of Responsible Applicant: \_\_\_\_\_

Signature of Responsible Applicant: \_\_\_\_\_

\*Responsible Applicant Contact Information:

Mailing Address - \_\_\_\_\_

\*Contact Information Office ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Deposit Check No. \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/2024 Deposit Amount \$ \_\_\_\_\_

Refund Check No. \_\_\_\_\_ Date Processed: \_\_\_/\_\_\_/2024 Refund Amount \$ \_\_\_\_\_

Authorized District Representative: \_\_\_\_\_