

SELLER DOCKET NO. WR-  
PURCHASER DOCKET NO. WR-  
FILING FEE RECEIVED \_\_\_\_\_

BEFORE THE NORTH CAROLINA UTILITIES COMMISSION

APPLICATION FOR TRANSFER OF AUTHORITY TO CHARGE FOR WATER AND/OR SEWER SERVICE AND FOR APPROVAL OF RATES FOR APARTMENT COMPLEXES AND MANUFACTURED HOME PARKS

**INSTRUCTIONS**

If additional space is needed, supplementary sheets may be attached. If any section does not apply, write "not applicable".

**SELLER**

1. Name of current certified owner \_\_\_\_\_
2. Mailing address \_\_\_\_\_
3. Business telephone number \_\_\_\_\_

**PURCHASER**

4. Name of purchaser \_\_\_\_\_
5. Business mailing address of purchaser \_\_\_\_\_  
City and state \_\_\_\_\_ Zip code \_\_\_\_\_
6. Business telephone number \_\_\_\_\_ Business fax number \_\_\_\_\_
7. Business email address \_\_\_\_\_

**UTILITY SERVICE AREA**

8. Name of Apartment Complex or Manufactured Home Park \_\_\_\_\_
9. County (or counties) \_\_\_\_\_
10. Type of Service (Water and/or Sewer) \_\_\_\_\_
11. Supplier of purchased water \_\_\_\_\_
12. Supplier of purchased sewage treatment \_\_\_\_\_
13. Current number of customers - Water \_\_\_\_\_ Sewer \_\_\_\_\_
14. Number of customers that can be served (including present customers, vacant units or lots, etc.):  
Water \_\_\_\_\_ Sewer \_\_\_\_\_

**PROPOSED AND PRESENT RATES**

- |  | <u>Proposed Rates</u> | <u>Present Rates</u> |
|--|-----------------------|----------------------|
| 15. Water usage rate (not to exceed supplier's unit consumption rate):   | _____                 | _____                |
| 16. Sewer usage rate (not to exceed supplier's unit consumption rate):   | _____                 | _____                |
| 17. Are the usage rates listed above per ccf or per 1,000 gallons?   | _____                 | _____                |
| 18. Monthly administrative fee:<br>(NOTE: NCUC Rule R18-6(a) specifies that no more than \$3.75 may be added to the cost of purchased water and sewer service as an administrative fee to compensate the provider for meter reading, billing, and collection. An additional administration fee amount may be requested to compensate the provider for administrative fees imposed by the supplier) | _____                 | _____                |
| 19. Bills past due _____ Days after billing date (NCUC Rule R18-7(d) specifies that bills shall not be past due less than twenty-five (25) days after billing date).   |                       |                      |

**PERSONS TO CONTACT**

- |   | <u>NAME</u> | <u>ADDRESS</u> | <u>TELEPHONE</u> |
|---|-------------|----------------|------------------|
| 20. Management Company  | _____       | _____          | _____            |
| 21. Complaints or Billing   | _____       | _____          | _____            |
| 22. Emergency Service   | _____       | _____          | _____            |
| 23. Filing and Payment of Regulatory Fees to Utilities Commission | _____       | _____          | _____            |

**REQUIRED EXHIBITS**

1. If the Purchaser is a corporation, LLC, LP, etc., enclose a copy of the certification from the North Carolina Secretary of State (Articles of Incorporation or Application for Certificate of Authority for Limited Liability Company, etc.). **(Must match name on Line 4 of application.)**
2. If the Purchaser is a partnership, enclose a copy of the partnership agreement. **(Must match name on Line 4 of application.)**
3. Enclose a copy of a Warranty Deed showing that the Purchaser has ownership of all the property necessary to operate the utility. **(Must match name on Line 4 of application.)**
4. Enclose a vicinity map showing the location of the apartment complex or manufactured home park in sufficient detail for someone not familiar with the county to locate the apartment complex or manufactured home park. (A county roadmap with the apartment complex or manufactured home park outlined is suggested.)
5. Enclose maps of the apartment complex or manufactured home park in sufficient detail to show the layout of streets, apartment buildings or manufactured home lots, and water and/or sewer mains.
6. Enclose a copy of the supplier's schedule of rates that will be charged to the provider for purchased water.
7. Enclose a copy of the supplier's schedule of rates that will be charged to the provider for purchased sewage treatment.
8. Enclose a copy of any agreements or contracts that the Purchaser has entered into covering the provision of billing and collecting and meter reading services to the apartment complex or manufactured home park.
9. If the provider is requesting to include the supplier's administrative fee in its administrative fee, enclose an exhibit listing the master meters serving the apartment complex or mobile home park, indicating for each master meter the size of the meter. Apartment complexes should also indicate the number of apartment buildings served by the meter, and the number of apartments in each apartment building.

**FILING INSTRUCTIONS**

10. Submit one (1) original application with required exhibits and **original notarized signature**, plus eight (8) additional collated copies to: [USPS address] **Chief Clerk's Office, North Carolina Utilities Commission, 4325 Mail Service Center, Raleigh, North Carolina 27699-4325**, or [overnight delivery at street address] **Chief Clerk's Office, North Carolina Utilities Commission, 430 North Salisbury Street, Raleigh, North Carolina 27603**. Provide a self-addressed stamped envelope, plus an additional copy, if a file-stamped copy is requested by the Applicant.
11. Enclose a filing fee as required by G. S. §62-300. A Class A company (annual revenues of \$1,000,000 or more) requires a \$250 filing fee. A Class B company (annual revenues between \$200,000 and \$1,000,000) requires a \$100 filing fee. A Class C company (annual revenues less than \$200,000) requires a \$25 filing fee. **MAKE CHECK PAYABLE TO N.C. DEPARTMENT OF COMMERCE/UTILITIES COMMISSION.**

**SIGNATURES**

12. Application shall be signed and verified by the Applicants.

Signature \_\_\_\_\_  
Purchaser

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Seller

Date \_\_\_\_\_

13. (Typed or Printed Name) \_\_\_\_\_  
personally appearing before me and, being first duly sworn, says that the information contained in this application and in the exhibits attached hereto are true to the best of his/her knowledge and belief.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Date