



STANDARD APPLICATION FORM

Date Received by Engineering

- | | | |
|--|--|-------------------------------------|
| <input type="radio"/> Plan Review | <input type="radio"/> Pool Permit | <input type="radio"/> Change of Use |
| <input type="radio"/> Connection Permit | <input type="radio"/> Mainline Extension | |
| <input type="radio"/> Lateral Compliance Certificate | <input type="radio"/> Tract Permit | |

PROPERTY TYPE

<input type="radio"/> Single-Family Residential				
<input type="radio"/> Multi-Family Residential	NUMBER OF UNITS			
<input type="radio"/> Tract	TRACT NUMBER/NAME	NUMBER OF LOTS (Please attach table with Lot #, APN, and Address)		
<input type="radio"/> Commercial	TYPE (Restaurant, retail, salon, etc.)			
<input type="radio"/> Industrial	FLOW (MGD)	BOD (mg/L)	TSS (mg/L)	Ammonia (mg/L)

PROJECT INFORMATION

PROJECT NAME	
PROJECT SITE ADDRESS/LOCATION	
ASSESSOR'S PARCEL NUMBER	SQUARE FEET
PROJECT DESCRIPTION (Provide brief description and submit more details as an attachment)	

APPLICANT'S CONTACT INFORMATION*

PROPERTY OWNER'S CONTACT INFORMATION

NAME/COMPANY		NAME/COMPANY	
ADDRESS		ADDRESS	
CITY/STATE	ZIP	CITY/STATE	ZIP
PHONE		PHONE	
EMAIL		EMAIL	

*If the Applicant is not the Property Owner, then the Property Owner must sign below to authorize the Applicant as their official representative.

I, _____, Owner, authorize _____ to act as the official representative on my behalf for this project and in all matters relating to this application. I have read and agree with all of the above.

 Property Owner's Signature

 Date



PROJECT NAME _____ LOCATION _____

PROJECT MANAGER

CIVIL ENGINEER

NAME/COMPANY		NAME/COMPANY	
ADDRESS		ADDRESS	
CITY/STATE	ZIP	CITY/STATE	ZIP
PHONE		PHONE	
EMAIL		EMAIL	

PLUMBER

CONTRACTOR

NAME/COMPANY		NAME/COMPANY	
ADDRESS		ADDRESS	
CITY/STATE	ZIP	CITY/STATE	ZIP
PHONE		PHONE	
EMAIL		EMAIL	

CERTIFICATION

I hereby certify that the statements furnished above, and in the attached exhibits, present the data and information required for this initial evaluation to the best of my availability, and that the facts, statements, and information presented are true and correct to the best of my knowledge.

 Signature Owner Authorized Agent

 Date

FOR ISD USE ONLY:

APPLICATION RECEIVED BY	
PROJECT SITE ADDRESS/LOCATION	
ASSESSOR'S PARCEL NUMBER	SQUARE FEET
COMMENTS	