

APPLICATION FOR WATER ALLOCATION

* **Items marked with an asterisk must be filled in by ALL applicants**

* **Applicant Information**

Applicant: _____

Contact Person: _____

Mailing Address: _____

Telephone & Fax for Contact: _____

Property Owner Name (if not applicant): _____

Property Owner Mailing Address: _____

* **Physical location of project:** _____

* **Signature of Applicant**

* **Project Information**

If the project is a single-family home, please check one: ___ New ___ Existing
(For existing homes, no Application is required if revised demand is less than 1,000 gpd.)

If not single-family home, project name: _____

* **Application or Permit Numbers:** (from Department of Planning & Zoning)

____ - ____ - ____

____ - ____ - ____

____ - ____ - ____

Engineer's Information for flows over 1,000 gpd

Name of Engineer: _____

Firm: _____

Mailing Address: _____

Phone & Fax: _____

PE License #: _____

* **Flow Calculations**

(You may substitute an engineer's calculation or letter containing the information requested below)

For additional bedrooms in single-family homes:

Number of existing bedrooms: _____

Number of additional bedrooms requested: _____

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For other residential projects, list number of bedrooms and units requested:

Number of bedrooms	x	Number of units	x	Gallons per day per unit	= Total flows
1				150	
2				300	
3				450	
4				600	
5				750	
6+ (specify)					
TOTAL					

For commercial and industrial projects, list existing and proposed tenants, uses and flows:

Tenant / Business	Type of use	Number of seats, SF, etc.	x	Flow per unit	Other Adjustments	Total flow
TOTAL						

* **Total development water flow requested:** _____ gallons per day

Please do not write below this line

Approved by Water Department

Superintendent of Water

Date

Preliminary Allocation approved:

Date

Final Allocation approved:

Date

Final Allocation Expires: _____
(Date)

with permit # _____ - _____ - _____

For Extensions of Final Allocation Only

EXTENSION GRANTED _____ to _____
(Date) (Date of Expiration)