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PCWA Office Use Only
Date Rec'd: _____
FA#: _____

SUPPLEMENTAL INFORMATION FOR RESIDENTIAL SERVICES

Project Title (Same as Project Review Application): _____

Summary of Residential Services:

Lot Size (sf):	<2,900 (&MDUs)	2,901< 4,100	4,101< 4,700	4,701< 5,500	5,501< 7,000	7,001< 10,000	10,001< 17,000	17,001< 35,000	>35,000
Number of Services:									
Total Number of Services: _____									
Secondary Water Source? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____									
Pressurized Sewer System? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____									

The Applicant is responsible for furnishing complete and correct information:

Print Name: _____ Date: _____

Applicant's Signature: _____