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PCWA Office Use Only		
FA#	WF#	AR#
App. Fee \$:	Date Pd.	
Deposit \$:	Date Pd.	
Date Application Received:		

**APPLICATION FOR PCWA PROJECT REVIEW**

Submission of this request does **not** guarantee water service.

Application Fee and Initial Project Deposit are due at time of application submittal.

**The Applicant is responsible for furnishing complete and correct information:**

**Applicant/Developer/Owner:**

Print name and title of individual designated to **sign the Facility Agreement** and attach signature authorization if a corporation:

Name of Designated Individual/Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Entity/State of Incorporation: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Property:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Engineer:**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Information:**

Title: \_\_\_\_\_

Location: \_\_\_\_\_

APN & Parcel Map #: \_\_\_\_\_

Estimated Construction Cost of Public Water System: \$ \_\_\_\_\_ \*Attach Engineers Estimate

**Summary of Proposed Meters Requested**

Size:	5/8"	3/4"	1"	1-1/2"	2"	3"	4"	Other:
Qty:								

Number of Multiple Dwelling Units: \_\_\_\_\_. Number and Size of Existing Services, if any: \_\_\_\_\_

For residential projects, complete and attached the Supplemental Information for Residential Services form.

Complete and attached Supplemental Information for Non-Residential Services form for each size and type of Non-Residential service.

**For Local Fire Protection District to Complete:**

Local Public District Providing Fire Protection is: \_\_\_\_\_

Number of hydrants to be turned over to this District for operation and maintenance: \_\_\_\_\_, Spacing \_\_\_\_\_ ft.,

Hydrant required flow rate: \_\_\_\_\_ gpm. Private fire protection service required flow rate: \_\_\_\_\_ gpm. (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Public Fire Protection District Authorized Agent

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Applicant to Complete:**

The Applicant's signature acknowledges that **financial responsibility of fees and for services rendered** will be paid by, or excess deposit refunded to, the applicant.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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