

SAN JUAN WATER DISTRICT

9935 Auburn-Folsom Road, Granite Bay, California, 95746 • (916) 791-0153 • FAX (916) 791-0161



APPLICATION FOR SINGLE SERVICE CONNECTION – INITIAL REVIEW

Date of Application: _____ Temporary Service: Yes _____ No _____
 Duration of Temporary Service: _____ Months

Service Location: _____ APN: _____
 (Address, Lot, Block, Tract #, etc., Attach Site, Irrigation, & Plumbing Plans if Available)

Applicant Name: _____ Phone #: _____

Applicant Email: _____

Applicant Address: _____
 (No. & Street) (City) (Zip Code)

Owner Name: _____ Phone #: _____
 (If Different)

Owner Email: _____

Construction Start Date: _____ Requested Service Operational Date: _____

Water Service Type: _____ If Other, Describe: _____

Complete the Following for All Projects:

(Attach Site Plans, Floor Plans, Landscaping Plans, etc.)

Parcel Size: _____ (acres)

Primary Building Size: _____ (sq. ft.)

Second Bldg: No Yes _____ (sq. ft.)
 (Includes "Granny", Guest, & Detached Houses)

No. of Potable Water Services Requested _____

Separate Landscape Service: No Yes Qty _____

Separate Structure Service: No Yes Qty _____

Fire Service(s) Required: No Yes Qty _____
 (Includes services for fire sprinkler systems)

Hydrant(s) Required: No Yes Qty _____

Pool: No Yes _____ (Vol., gal.)

Spa: No Yes _____ (Vol., gal.)

Total Irrigated Area: _____ (sq. ft.)

Lawn Area: _____ (sq. ft.)

Other Water Uses: _____
 (Water features, Orchard/Vineyard, etc. Attach descriptions)

** I hereby request water service from SJWD and agree to abide by SJWD Ordinances:*

 (* Authorized Signature of Applicant - Must be the Property Owner or Designated Representative)

Provide the Following Quantities:

	Primary Bldg	Second Bldg
Kitchen Sinks		
Bathroom Sinks		
Bar Sinks		
Toilets		
Bidets		
Showers		
Bathtubs		
Dishwashers		
Clothes Washers		
Hose Bibs		
Full Bathrooms		
Half Bathrooms		
Bedrooms		

Water Well On Parcel: No Yes

Estimate Service Demands Below in gallons per minute - gpm: Attach Water Demand Calculations & Prelim. Plans

Estimated Average Day Demand: _____

Estimated Max Day Demand: _____

Estimated Peak Hr Demand: _____

Est. Irrigation Demand: _____

Est. Fire Sprinkler Sys. Demand _____

Est. Fire Sprinkler Sys. Pressure _____ (pounds per sq. inch - psi)

SJWD OFFICE USE ONLY Reviewed By: _____ Approved By: _____ Date: _____

Service Size(s): _____-inch Meter Size(s): _____-inch Backflow Required: No Yes Size _____