



**APPLICATION FOR WATER SERVICE**

Date of Application: \_\_\_\_\_

Temporary Service: Yes \_\_\_\_\_ No \_\_\_\_\_  
Duration of Temporary Service: \_\_\_\_\_ Months

Service Location/Description: \_\_\_\_\_  
(Address, Lot, Block, Tract #, APN, etc., Attach Preliminary Plans if Available)

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Owner: Yes  No

Applicant's Address: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

Owner's Name (if Different): \_\_\_\_\_ Phone No. \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Requested Service Operational Date: \_\_\_\_\_

Water Service Type: \_\_\_\_\_  
(Residential, Apartment, Duplex, Commercial, Industrial, Institutional, Subdivision, Irrigation, Other {provide description})

Complete the Following for All Projects:

No. of Potable Water Services Requested \_\_\_\_\_  
Separate Landscape Service: No  Yes  Qty \_\_\_\_\_  
Fire Service(s) Required: No  Yes  Qty \_\_\_\_\_  
(Includes services for fire sprinkler systems)  
Hydrant(s) Required: No  Yes  Qty \_\_\_\_\_  
Will this be a phased project? No  Yes   
If yes, Number of Phases: \_\_\_\_\_

Complete the Following Estimated Service Demand (in gpm) for Subdivision Projects:  
(Attach Water Demand Calculations & Prelim. Plans)

Estimated Average Day Demand: \_\_\_\_\_  
Estimated Max Day Demand: \_\_\_\_\_  
Estimated Peak Hr Demand: \_\_\_\_\_

*\* I hereby request water service from SJWD:*

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

Complete the Following for Single Parcel Projects:

(Attach Site Plans, Floor Plans, Landscaping Plans, etc.)  
Parcel Size: \_\_\_\_\_ (acres)  
Building Size: \_\_\_\_\_ (sq. ft.)  
No. of Kitchen Sinks: \_\_\_\_\_  
No. of Bathroom Sinks: \_\_\_\_\_  
No. of Bar Sinks: \_\_\_\_\_  
No. of Toilets: \_\_\_\_\_  
No. of Bidets: \_\_\_\_\_  
No. of Showers: \_\_\_\_\_  
No. of Bathtubs: \_\_\_\_\_  
No. of Dishwashers: \_\_\_\_\_  
No. of Clothes Washers: \_\_\_\_\_  
No. of Bathrooms: Full \_\_\_\_\_ Half \_\_\_\_\_  
No. of Bedrooms: \_\_\_\_\_  
No. of Hose Bibs: \_\_\_\_\_  
Guest House: No  Yes  \_\_\_\_\_ (sq. ft.)  
Pool: No  Yes  \_\_\_\_\_ (Vol., gal.)  
Spa: No  Yes  \_\_\_\_\_ (Vol., gal.)  
Total Irrigated Area: \_\_\_\_\_ (sq. ft.)  
Lawn Area: \_\_\_\_\_ (sq. ft.)  
Est. Irrigation Demand \_\_\_\_\_ (gpm)  
Other Water Uses: \_\_\_\_\_  
(Water features, Orchard/Vineyard, etc. Attach descriptions)  
Water Well On Parcel: No  Yes

**SJWD OFFICE USE ONLY** Reviewed By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Required Service Size(s): \_\_\_\_\_ Backflow Required: No  Yes  Size \_\_\_\_\_