



DEVELOPMENT PROJECT SUBMITTAL – APPLICATION FOR INITIAL REVIEW

Date of Submittal: _____ Plans & Review Fee Deposit Attached?: Yes No

Applicant: _____ Phone No. _____

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

Owner's Name: _____ Phone No. _____

Owner's Address _____
(No. & Street) (City) (Zip Code)

Project Location/Description: _____
(Address, Lot, Block, Tract #, APN, etc. - Attach Preliminary and/or Design Plans)

Project Type: Residential Commercial Retail Agricultural Other _____

Service Type(s): _____
(Residential, Apartment, Duplex, Commercial, Industrial, Subdivision, Irrigation, Other)

Number of Services and Size: _____

Will this be a phased project? No Yes If "yes", No. of Phases = _____ Total Acres _____

Fire Service Required: No Yes → Quan. _____ Hydrant(s) Required: No Yes → Quan. _____

Backflow Requirement: No Yes → Reason: Well ___ Raw Water Sys. ___ Other _____

Construction Start Date: _____ Requested Service Operational Date: _____

Estimated Service Demands:

(Note -Attach a Copy of Water Demand Calculations and other supporting info. For Residential Service(s) provide the range of parcel size(s), the range of house sizes, no. of baths & bedrooms, no. of hose bibs, pool/spa & Size, etc.)

Irrigation Demand (gpm) _____ Other Water Uses _____ & Demand _____ gpm

Estimated Total Project Average Daily Water Demand _____ gpm

Estimated Total Project Max Day Water Demand _____ gpm

Estimated Total Project Peak Hour Water Demand _____ gpm

Temp./Const. Service Req'd?: Yes No

Estimated Length of Temp. Service _____ Months

Bill Temp. Water Use To: Owner Applicant

Note: SJWD's Inspector will identify a location for temporary or construction services. (Const. meter and backflow device req'd)

I hereby request a plan review and water service from SJWD _____
(Must be the Property Owner or Authorized Representative) (Authorized Signature of Applicant)

(Note – A plan review deposit is required with all submitted plans with any request for review)