

APPLICATION FEE.....\$250

FOR DISTRICT USE ONLY:
Date: _____
Fee Paid: _____
Receipt #: _____
Granted: _____
Cont'd to: _____
Denied: _____
Other: _____

COMPLETE ALL BLANKS....IF
NOT APPLICABLE, PLEASE NOTE

LAS GALLINAS VALLEY SANITARY DISTRICT
300 SMITH RANCH ROAD, SAN RAFAEL, CA 94903
TEL: 1-415-472-1734 / FAX:1-415-499-7715

APPLICATION FOR ALLOCATION OF CAPACITY

1. Name of Project: _____
2. Address of Project: _____
(Attach sketch showing project location)
3. ASSESSOR'S PARCEL NUMBER(S): _____
4. Name of Applicant: _____
Address: _____
Phone: _____ Fax: _____
5. Owner of Property: _____
Address: _____
Phone: _____ Fax: _____
6. Relationship of Applicant to Owner: _____
(Attach a copy of document of proof for authority)
7. Person responsible for payment of all fees: _____
8. Person to contact regarding project: _____
Phone: _____ Fax: _____
9. Developer: _____
Address: _____
Phone: _____ Fax: _____
10. Architect: _____
Address: _____
Phone: _____ Fax: _____

:

11. Builder: _____

Address: _____

Phone: _____ Fax: _____

12. Engineer: _____

Address: _____

Phone: _____ Fax: _____

13. Description of Project: Supply information sufficient for the District to make an accurate determination of capacity needed, and any technical problems which may be involved in serving the project. Describe fully any industrial use of water. (Any applicant proposing to discharge any waste other than domestic sewage should be familiar with the Sanitary District's Ordinance No. 112 regulating such waste.)

a) Type and magnitude of project (i.e., 12 single family houses; 12,000 sq. ft. of offices; 50,000 sq. ft. of retail space; etc.): _____

b) Area of property (in acres or feet): _____

c) Does property front on a sewer? _____. If not, nearest sewer is approximately how many feet away? _____

d) Is property higher or lower in elevation than sewer? _____

e) List any other known problems in serving this property: _____

f) List number and type of water-using fixtures (toilets, sinks, lavatories, floor drains, drinking fountains, etc. Attach documents used to arrive at these figures, e.g., layout or plumbing drawings.)

g) Describe industrial use, if any: _____

h) Other comments: _____

14. Date construction is scheduled to start: _____

15. Date of scheduled completion: _____

16. Date of anticipated full occupancy: _____

17. Property is within the planning jurisdictions of what agencies? _____

18. How is property zoned? _____

19. Give a brief statement of conformance to City or County Master Plan: _____

20. List approvals, in order, obtained up to the present from Planning jurisdictions and regulatory agencies:

21. Lead agency for the status of environmental impact report: _____

22. Status of application for other utilities: _____

- a) Water: _____
- b) Gas: _____
- c) Electric: _____

23. Financial commitments: _____

24. Remarks: _____

(Signature of applicant [#4 above])

Date

REMINDER: ENCLOSE APPLICATION FEE OF \$250 WITH THIS COMPLETED FORM

LGVSD STAFF WORKSHEET / COMMENTS

Name of Project: _____

APN: _____

Date: _____