

**APPLICATION FEE:**

New Connection..... \$500

Additional Capacity...\$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:

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

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22. Status of application for other utilities: \_\_\_\_\_

- a) Water: \_\_\_\_\_
- b) Gas: \_\_\_\_\_
- c) Electric: \_\_\_\_\_

23. Financial commitments: \_\_\_\_\_

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24. Remarks: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of applicant [#4 above])

\_\_\_\_\_  
Date

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

# **LGVSD STAFF WORKSHEET / COMMENTS**

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**Name of Project:** \_\_\_\_\_

**APN:** \_\_\_\_\_

**Date:** \_\_\_\_\_