



101 Lucas Valley Rd, Suite 300, San Rafael, CA 94903

For District Use Only:	
Application Date:	_____
Fee Paid:	_____
Date Paid:	_____

Application for Allocation of Capacity

Please fill out this form. Indicate "N/A" if an item is not applicable to your project.

Application Fee: \$250 for Additional Sewer Capacity; \$500 for New Connection.

Check the appropriate box for the project type:

<input type="checkbox"/> <u>Residential:</u>	<input type="checkbox"/> <u>Non-Residential/Commercial:</u>	<input type="checkbox"/> <u>Mixed-Use:</u>
<input type="checkbox"/> New Single-Family Residence	<input type="checkbox"/> New Building	(List Project Types Below)
<input type="checkbox"/> New Multi-Family Residence	<input type="checkbox"/> Shell	_____
<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> Building Addition	_____
<input type="checkbox"/> Addition to Existing	<input type="checkbox"/> Tenant Improvement	_____
<input type="checkbox"/> Interior Remodel	Other: _____	_____
Other: _____		

1. PROJECT INFORMATION

Project Name: _____

Project Address: _____ Zip: _____

Assessor's Parcel Number (APN): _____ Zoning: _____

Building Department
Jurisdiction: _____ Building Permit No.: _____

Brief Project Description (include type & magnitude of project):

2. CONTACT INFORMATION

Property Owner(s) <small>Check box if owner is applicant</small> <input type="checkbox"/>	Applicant <small>(complete if different from Property Owner)</small>
Name: _____	Name: _____
Address: _____	Relationship to Owner: _____
City/State: _____ Zip: _____	Address: _____
Email: _____	City/State: _____ Zip: _____
Phone #: _____	Email: _____
	Phone #: _____

Developer	Architect
Name: _____	Name: _____
Company: _____	License #: _____
Address: _____	Company: _____
City/State: _____ Zip: _____	Address: _____
Email: _____	City/State: _____ Zip: _____
Phone #: _____	Email: _____
	Phone #: _____

Contractor	Engineer
Name: _____	Name: _____
License #: _____ Class: _____	License #: _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State: _____ Zip: _____	City/State: _____ Zip: _____
Email: _____	Email: _____
Phone #: _____	Phone #: _____

Tenant Information	
Business Name: _____	Business Owner: _____
Address: _____	Zip: _____
Contact Person: _____	Contact Phone #: _____
Contact Email: _____	
Type of Business: _____	Former Business Name: _____

3. PROJECT DETAILS

Supply information sufficient for the District to make an accurate determination of capacity needed. Identify any technical problems that may arise in the project. (Any applicant proposing to discharge waste other than domestic sewage should be familiar with the District Ordinance Title 1, Chapter 2 Regulating Acceptance of Non-Domestic Wastes.)

<p>a) Area of Property (in ac or sq. ft): _____</p> <p>b) Is property higher in elevation than sewer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Is there an existing public sewer service at the property? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d) Approx. Distance to Nearest Sewer Main (in ft): _____</p>	<p>e) Describe industrial use, if any: _____</p> <p>f) Scheduled Construction Start Date: _____</p> <p>g) Scheduled Completion Date: _____</p> <p>h) Anticipated Occupancy Date: _____</p>
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