

PROJECT APPLICATION

Form Must be filled out COMPLETELY Call MCWD Engineering at (831) 883-5929 to arrange an appointment

with an MCWD Engineering representative to review your project, assist you in completing this application, and/or answer any questions.

Attach Plans/Drawings as required.

APPLICANT INFORMATION The	person, company or agen	cy that will be responsit	ple for payment for work being requested.
Name:		_ Day Phone:	Ext.
Company:		Mobile Phone:	Fax:
Address:		_ E-Mail Address:	
City/State:		Comments:	
PROJECT INFORMATION Acting	on behalf of Applicant, if	applicable (Developer,	Engineer, Contractor, etc.)
Check here if: ☐ same as "Applican	nt" Check h		☐ Engineer ☐ Contractor
Main Project Contact:		_ Day Phone:	Ext.
Company:		Mobile Phone:	Fax:
Address:		E-Mail Address:	
City/State:	Zip:	_ Comments:	
Site Contact The person MCWD rep	resentatives should contag	et regarding field issues	and MCWD's site work (e.g. Site Superintendent)
☐ Check here if same as "Applicant	" Check here if	same as "Main Projec	et Contact"
Name:	Title:		Day Phone:
PROJECT AND SITE INFORMATIC	N To be completed by I	MCWD Staff during ini	tial project overreview
Example: Residential Renovation With water fixture increase Existing CII (The use of water or facilities, military and Renovation With water fixture increase New Development (New, previous Residential Project Name:	Room Additions or Alter Secondary Un No-change in sewer by a place of busine and nonmilitary institutions Secondary Un No-change in asly undeveloped single or CII	ations) nit water fixtures ess, such as a motel, hot nit water fixtures multi-parcel residential	el, restaurant, office building, other commercial
Project Description:			
-			oss Street:
Initial Plan Review Fees (Based on I	Project Scope and Staff F	Estimate using Budget	Fee Schedule):
Amount of Payment:	Check No.:		Payment Date:
First Submittal Date In: (MCWD has up to (30) days to return	the Preliminary Plans)	_ Date Out:	
Second Submittal Date In: (MCWD has up to (30) days to return	the Second Submitted Plan	Date Out: (See Proj	ect Log for additional or further action)
☐ Project Plan Review Approved a	nd Returned to Applicar	nt 🗆 I	File/Project Closed

WATE	P SERVICE ACCOUNT HOLDER - Responsible	le for MCWD water bills and for managing the MCWD water service account
The leg	al name and contact information for the person, con	npany, or agency that will be named on the MCWD water service account
	o will be responsible and paying the ongoing water ick here if same as "Applicant"	bills associated with the water service(s) in this application.
Name:		E-Mail Address:
Day Pl	none:	Mobile Phone:
Addres		
AGRE	EMENT AND AUTHORIZATION	
•	project under which this application is made. The initial fee deposit, a project will be created within as the initial basis. The Applicant further acknowle	that the applicant is an authorized representative of the property owner for the Applicant hereby acknowledges that, by signing this application and paying the MCWD's Engineering and Accounting processes with the provided information ledges that creating a project with MCWD comes with certain obligations and WD Water Code, the Water and Sewer Service Applications, the <i>Procedures</i> , oplication.
•	Conditions for Application for Services. All MCV obtaining up-to-date fees and rates. Further, on be	of the MCWD Water Code's General Provisions and Terms and WD fees and rates are subject to change; the Applicant shall be responsible for chalf of the property owner, Applicant certifies that the property owner shall nereunder, and that the property owner hereby consents to the filing of any liens to Water Code §31701.7.
٥	indirect costs incurred by MCWD in connection w	es and charges set forth herein, Applicant shall pay all the direct and with the applicant's project, without limitation. Once the project is for the project will be returned to the person or entity providing the
٥		potable water, and/or recycled water, and/or wastewater sewer facilities for the ll work shall comply with the Standards, <i>Procedures, Guidelines, and Design</i> na Coast Water District.
٥		not guarantee project approval. Approval of plans is at the sole discretion of the lafter design acceptance only upon payment of all required fees and submittal of crities.
۵	processing the application and project. The Application unit count changes without notification to MCWD sewer permits for the property may be revoked. In	discrepancy or mistake on the applicant's part may cause rejection or delay in cant is responsible for accurately accounting for all water fixtures. If the fixture, or if a difference in fixtures is documented upon official inspection, water and addition, water fixtures installed without a water permit may be cause for onal fees and penalties, the imposition of a lien on the property, and deduction location.
٥	within one year from the date the water capacity c	connection is not made to the District's water and/or recycled water system harge is paid, the difference between the amount of the capacity charge paid and that the time of the connection, if any, shall be paid to the District before the aragraph D).
٥	date the sewer capacity charge is paid, the differen	onnection is not made to the District's sewer system within one year from the ace between the amount of the capacity charge paid and the amount of the revised tion, if any shall be paid to the District before the connection is installed (MCWD)
		ormation provided on this Project Application is true and correct, and all saffecting water and/or sewer service presently planned for this property.
	Applicant Signature	Date
	Received by MCWD Engineering Department	Date

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PROJECT LOG

Assigned Project Number:	
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ACTION	DATE	COMMENTS	PERSONNEL