



Application for New Development Project(s)
(Please complete form & return to MSWD Engineering Department)

Developer / Owner Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Engineer(s) of Record for Project: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Project Name: _____

Tract/Parcel # (s) (if applicable): _____

Associated APN # (s): _____

County/City Designated Land Use: _____



Existing Facility or Project **Yes** **No**

New Facility or Project **Yes** **No**

Description of Project (i.e. Infrastructure to be constructed / right of way or easements required / connection to existing facilities / type of facilities to be installed)

(Developer / Owner or Designated Representative):

Signature: _____

Date: _____

*****For Official Use Only*****

Project approved by Local Government Agency (if applicable – with MSWD Conditions) Yes No

WSA Required Yes No

Encroachment Permit Required Yes No

Plans submitted: Yes No

Projected Fees – Deposit:
(Plan and Misc. Review) Yes No

Projected Fees – Deposit:
(Inspection) Yes No

Total Deposit Required: \$ _____

Fees Paid: Yes No

Assigned Job # _____

Staff Signature _____