



SUBAREA MASTER PLAN/WATER SUPPLY ASSESSMENT APPLICATION

OWNER INFORMATION

Name:		Contact Name:
Company Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

ADDITIONAL SERVICES BILL TO: (circle one) OWNER APPLICANT
NOTE: ALL REFUNDS SHALL BE SENT TO THE PROPERTY OWNER

ENGINEER INFORMATION

Name:		Field Contact Name:
Company Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

PROJECT INFORMATION

Project Name:		
Project Address:		
City:	State:	ZIP Code:
APN #:		
Station #:		

SUBMITTAL PACKAGE SHALL INCLUDE:

- 1 (ONE) CD (in Tiff or PDF)
- 6 (SIX) Hardcover binders of the submittal
- 1 (ONE) \$5000 deposit made payable to Otay Water District (*plan review*)

ADDITIONAL DEPOSITS:

- Shall be determined during the plan review

"FOR DISTRICT USE ONLY"

PROJECT NUMBER:		
CHECK ISSUED BY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PERMIT NUMBER:		
ADDITIONAL:	PRESSURE ZONE:	I.D.:

Signature of Applicant:	Date:
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