



Feasibility Study Service Application

* Required Items

Please Print:

Date of Application: _____

Name of Proposed Development: _____

Name of Applicant(s)*: _____

Mailing Address*: _____

Phone No*: _____ Mobile No: _____

Email*: _____

Please provide legal description of property as listed in deed records, filed plat, or another acceptable instrument. Please provide or attach acreage, vicinity, physical location, approved plat, etc.*: _____

Check Type of Service (check all that apply) *:

- | | | |
|--|---|---|
| <input type="checkbox"/> Subdivision/ Development | <input type="checkbox"/> Apartment (Multi-Family Units) | <input type="checkbox"/> Mobile Home Park |
| <input type="checkbox"/> Commercial/ Industrial Park | <input type="checkbox"/> Irrigation | <input type="checkbox"/> RV Park |
| <input type="checkbox"/> Fire Suppression Line/ Fire Hydrant | <input type="checkbox"/> Other _____ | |

Is the property located within a City Limits*? ☐ Yes, City? _____ ☐ No

Is the property located within an ETJ of a City*? ☐ Yes, City? _____ ☐ No

What County is the property located within*? _____

Water Demand Criteria (Please provide/attach all water demand criteria for each meter or meter equivalent, or any engineering studies completed for the proposed service): ☐ Attached ☐ Non-applicable

Residential

Maximum number of proposed lots: _____ Range of standard lot size(s): _____

Date domestic potable water service requested to begin: _____

Additional water capacities for irrigation?

- Flow Rate: _____ gpm; Meter? _____ inch; How Many? _____

What size meter(s) is the applicant requesting and how many*?

- Meter: _____ inch How many? _____
- Meter: _____ inch How many? _____
- Meter: _____ inch How many? _____

Are additional phases planned for this development? ☐ Yes (Provide Phasing Schedule Below) ☐ No

Attach additional pages of phasing if needed. ☐ Yes, additional pages were provided ☐ N/A



Phase Number	Number of LUEs	Construction Start Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Will the development require fire flow*?¹ ☐ Yes, _____ gpm for _____ hours ☐ No

If fire flow is needed is the Applicant willing to let CCSUD construct, operate, and maintain an elevated storage tank on the developer's property? ☐ Yes ☐ No

Commercial/ Industrial

Additional water capacities needed for fire sprinkler system or irrigation?

- Flow Rate: _____ gpm;

What size meter(s) is the applicant requesting and how many*?

- Meter: _____ inch How many? _____
- Meter: _____ inch How many? _____
- Meter: _____ inch How many? _____

Will the development require fire flow*?¹ ☐ Yes, _____ gpm for _____ hours ☐ No

¹ Each developer is required to get in contact with the fire marshal to derive fire flow demand needed specific to the development/ building.

Print Name Sign Name

Title Date

Do not write below this line-OFFICE USE ONLY

Date Application Returned: _____ Date Paid: _____
Feasibility Analysis Fee: _____ CSR: _____

Checklist of Application Requirements:

Residential	Commercial
<input type="checkbox"/> Location Information (Map, City, ETJ, County)	<input type="checkbox"/> Location Information (Map, City, ETJ, County)
<input type="checkbox"/> Number of Lots and meter information	<input type="checkbox"/> Meter Information
<input type="checkbox"/> Phasing (if applicable)	<input type="checkbox"/> Fire Flow Information
<input type="checkbox"/> Fire Flow Information	

Comments: _____