



## Non-Standard 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 lotsize(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\*?<sup>1</sup> ☐ 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\*?<sup>1</sup> ☐ Yes, \_\_\_\_\_ gpm for \_\_\_\_\_ hours ☐ No

<sup>1</sup> 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: \_\_\_\_\_  
\_\_\_\_\_