



District Use	PPI #: _____	Date Received: _____
	PSN #: _____	Received By: _____
	S.O. #: _____	SA: _____ ID: _____

RESIDENTIAL PROPERTY NEW SERVICE CONNECTION DETAIL INFORMATION SHEET

Any questions regarding this form should be directed to the Development Services Department
 at (951) 928-3777 extension 2081.

Request For: (Check all that apply)	<input type="checkbox"/> New Water Service – Meter Size: _____ How many homes will be served by this meter? _____
	<input type="checkbox"/> Meter Will Be Remotely Located – Street where water line is existing: _____
	<input type="checkbox"/> Meter Upsize/Downsize – New Meter Size: _____ Existing water account # _____
	<input type="checkbox"/> Relocate Existing Meter – Include details in misc section below. Existing water account # _____
	<input type="checkbox"/> New Sewer Service - Agency providing water: _____ How many homes will connect to sewer? _____
	<input type="checkbox"/> Fire Hydrant - Select Hydrant Size: <input type="checkbox"/> Standard <input type="checkbox"/> Super

REQUIRED FOR ALL REQUESTS:

Property Owner Name		Date
Contact Person (If Company Owned)		Phone Number
Address		Cell Number
City	ZIP Code	Fax Number
E-Mail Address:		

Entity Responsible For Payment Of Fees (Company Name)		
Contact Person (If Company)		Phone Number
Address		Cell Number
City	ZIP Code	Fax Number
E-Mail Address:		

PROPERTY INFORMATION:

Project Type:	<input type="checkbox"/> New Stick-built Single Dwelling	<input type="checkbox"/> New Manufactured Home –Year Built: _____	7' Spri o :
	<input type="checkbox"/> Existing Home	<input type="checkbox"/> Adding Second Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Vacant Lot – No Proposed Structure		
Well on Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Holding Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property is/will be on Septic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Service Address (If none, include nearest cross streets.)		APN / Parcel Map / Tract	
City	Zip Code	Year Built	
Anticipated Construction START DATE:		Anticipated Construction COMPLETION DATE:	

MISCELLANEOUS INFORMATION:

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*** PLEASE SUBMIT THE FOLLOWING ITEMS TO BEGIN THE APPLICATION PROCESS:**

- | | |
|--|---|
| <input type="checkbox"/> Copy Of The Recorded Grant Deed For Service Address Below | <input type="checkbox"/> Purchase Receipt Of Manufactured Home Reflecting Model # And Property Address or A.P.N. |
| <input type="checkbox"/> Address Assignment From The City Or County | <input type="checkbox"/> Manufactured Home Specifications With Fire Sprinkler Calculations For <u>Exact Model</u> To Be Placed On Lot |
| <input type="checkbox"/> Fire Sprinkler Plans Reflecting Required Meter Size | <input type="checkbox"/> Health Department Application for Septic Abandonment |
| <input type="checkbox"/> Fire Hydrant Letter from Fire Department | |
| <input type="checkbox"/> EMWD Fire Flow Letter | |

 Development Services Technician

 Extension

 Email Address



PLEASE DIRECT ANY QUESTIONS REGARDING THIS SECTION TO
 EMWD'S CONSERVATION DEPARTMENT:
 Phone: (951) 928-3777 Extension 4384
 Fax Number: (951) 928-6120

SECTION 1: RESIDENTIAL SITE USAGE ANALYSIS

DATE: October 1, 2018

EMWD CONSERVATION USE ONLY:

S.O. #: _____ PLAN CHECK #: _____
 AMAWB # _____ ET ZONE: _____

IRMA SMITH	10,818 sq ft
Applicant Name	Total Lot Square Feet

SITE INFORMATION	SQUARE FEET:	
Building/Living Area	2862	
Parking (Garage)	600	
Front Landscaping	1,000	
Back Landscaping	3156.80	
Pool: Surface Area Square Feet	1200	Pool Gallons _____ or W x L x Avg. Depth _____
Other-Concrete or hardscaped areas	2,000	
TOTAL:	10,818.80	

INDOOR INFORMATION

Number of Households (*Number of dwelling units served by this meter*) _____ 1

Total Number of Persons (*Total for all dwelling units*) _____ 3

NOTE: The required "Site Usage Analysis" form will be used to calculate the water Budget for the project. Please submit 1 "Site Usage Analysis" for each meter account.

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 EMWD'S CONSERVATION DEPARTMENT:
Phone: (951) 928-3777 Extension 4384
Fax Number: (951) 928-6120



SECTION 1: RESIDENTIAL SITE USAGE ANALYSIS

DATE: _____

EMWD CONSERVATION USE ONLY:	
S.O. #: _____	PLAN CHECK #: _____
AMAWB #: _____	ET ZONE: _____

_____	_____
Applicant Name	Total Lot Square Feet

SITE INFORMATION	SQUARE FEET:		
Building/Living Area	_____		
Parking (Garage)	_____		
Front Landscaping	_____		
Back Landscaping	_____		
Pool: Surface Area Square Feet	_____	Pool Gallons	_____
		or	
		W x L x Avg. Depth	_____
Other-Concrete or hardscaped areas	_____		
TOTAL:	_____		

INDOOR INFORMATION
Number of Households <i>(Number of dwelling units served by this meter)</i> _____
Total Number of Persons <i>(Total for all dwelling units)</i> _____

NOTE: The required "Site Usage Analysis" form will be used to calculate the water Budget for the project. Please submit 1 "Site Usage Analysis" for each meter account.