MSWD
Mission Springs Water District

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: _____

_____

MSWD
Mission Springs Water District

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_____