



**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:** \_\_\_\_\_

\_\_\_\_\_



**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)**

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**(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 \_\_\_\_\_