



Single Family Residence Project Data Sheet

Date Submitted: _____ Submitted By: _____

Name of Project: _____

Assessor's Parcel Number(s): _____

Site Address: _____

Owner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email (if available) _____

Project Representative (to whom correspondence will be sent):

Name: _____

Address: _____

Phone: _____

Fax: _____

Email (if available) _____

PROJECT INFORMATION

SIZE OF RESIDENCE: _____ square feet of living space

MAXIMUM DOMESTIC DEMAND: _____ gallons per minute

FIRE SPRINKLER SYSTEM TYPE
(Glycol, Gas Charged, etc.) _____

HEATING SYSTEM TYPE
(Forced Air, Hydronics, etc.) _____

Upon submittal of this document, the District shall review the availability of fire flow to the project site and respond in writing.

All projects shall be subject to the District’s requirements regarding backflow prevention and cross-connection control. The District may require additional information and/or field inspections to determine compliance with the backflow prevention requirements. The District shall have complete authority regarding the determination of adequacy of the existing water system facilities.

I agree to the terms and conditions herein stated.

Owner/Project Representative (*Printed Name*)

Owner/Project Representative (*Signature*)

Date