SITE DEVELOPMENT PERMIT APPLICATION

Clean Water Services

1. **Project Name** _____

2. **Type** ☐ Minor Land Partition, Number of Parcels ☐ Subdivision, Number of Lots _____ ☐ Commercial
   ☐ System extension ☐ System extension – ROW _____

3. **Property Information** – Please list all tax lots (example 1S234AB01400)
   Tax lot ID: _____

4. **Owner Information**
   Name: _____ Contact Name: _____
   Address: _____ City State Zip: _____
   Phone/Fax: _____ / _____ E-mail: _____

5. **Developer Information**
   Company: _____ Contact Name: _____
   Address: _____ City State Zip: _____
   Phone/Fax: _____ / _____ E-mail: _____

6. **Engineer Information**
   Company: _____ Contact Name: _____
   Address: _____ City State Zip: _____
   Phone/Fax: _____ / _____ E-mail: _____

Application Checklist Check when complete/attached

Service Provider Letter Number: _____ ☐ Copy
Land Use Notice of Decision Number: _____ ☐ Copy
DEQ 1200-C Permit Number: _____ ☐ Copy
Permits from Oregon Department of State Lands / Department of the Army COE: _____ ☐ Copies
Plan Review Deposit: $ _____ ☐ Check
Three sets of construction plans: _____
Two storm drainage reports: _____
Other: _____
Other: _____

For District Use Only	**Date Stamp**
CWS Project Number: _____ Folder RSN: _____	
Inspector: _____	
Sani Basin: _____ Water District: _____	
If this form is not accompanied by a transmittal, this application transmitted by: _____	
Name: _____	

Revised 11/20