



AVAILABILITY INQUIRY

EXTENSIONS WILL REQUIRE STATE APPROVAL

Project Name: _____ Phase/Section:

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Property Owner(s): _____ Submittal Date: _____

PIN(s) or PID(s): _____

Submitted By: _____ Phone Number: _____

Engineering Firm: _____ Engineer: _____

Mailing Address: _____

GENERAL INFORMATION -

An **extension** of existing **water/sewer** (circle) line(s) to provide service to:

(provide a brief description of the facility and the size/type of extensions proposed)

Water Project

No. of Lots or Units:

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Estimated Demand Per Day:

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 gallons per day

Adjacent Street(s) or Road(s): _____

Sewer Project

No. of Lots or Units:

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Estimated Demand Per Day:

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 gallons per day

Adjacent Street(s) or Road(s): _____

Does the project require a pump station: [] **Yes** [] **No** If yes, check one: [] **Proposed**
[] **Existing**