



EAST ORANGE COUNTY WATER DISTRICT SEWER CONNECTION APPLICATION

CONTACT INFORMATION

Date: _____ Application No: _____
 (Office Use Only)

Property Owner's Name: _____

Applicant Name (if different than property owner): _____

Connection Address: _____

City: _____ Zip: _____

Phone #: _____

Email address: _____

Major Cross Streets: _____

Assessor's Parcel Number (APN) : _____

TYPE OF DEVELOPMENT – Please provide one (1) electronic set of Building Permit Plans that have been submitted to the City/County Building Department .

- Single Family Residence
 Existing: No. of Bedrooms: _____
 New: Proposed No. of Bedrooms: _____

- Multi-Family Residence
 Existing: No. of Units: _____
 Existing No. of Bedrooms/Unit: _____
 New: No. of Units _____
 New: No. of Bedrooms/Unit _____

- Commercial/Industrial
 Type of Use (e.g. restaurant, retail, etc.) _____
 Existing: square footage: _____
 New: Proposed square footage: _____

Provide a brief description of your project.
