

Washoe County COMMUNITY SERVICES DEPARTMENT

Engineering and Capital Projects

DEVELOPMENT SERVICES APPLICATION

Application Submitted By (print):				Date Submitted:		
PROJECT OWNER INFORM	IATION (lega	al name a	nd address	<u>for owner)</u>		
Inspection accounts will or	nly be create	d and bill	ed to the o	wner		
Name				Attn:		
Mailing Address				Email		
City		Sta	ate	Zip Code		
Phone						
APPLICANT INFORMATIO	N (legal nam	e and add	lress for ap	plicant)		
Name				Attn:		
Mailing Address				Email		
City		Sta	ate	Zip Code		
Phone	Cell			Fax		
CONTACT INFORMATION	(if different	than Appl	licant Infor	mation)		
Name						
Mailing Address						
City						
Phone	Cell			Fax		
ARCHITECTURAL OR ENGI	NEERING FII	RM				
Firm Name				Contact		
Phone						
PROJECT INFORMATION (
Project Location						
Center/Complex name						
Service Address						
					Zip	
Assessor Parcel # (APN)						
Brief Project Description						
REQUESTED RECLAIMED						
Requested Irrigation Servi				r Size(s)	No	
Are there auxiliary water	sources on t	the projec	t site?			
Well on Property: Yes	s No	Aux	ciliary/Recla	aimed Water:	Yes No	
	FC	DR INTERN	AL USE ONL	.Y		
Project Name						
Inspection Service Required				Sewer & Reclaim	Engineering	
Inspection Deposit Collected						
Sewer System				Reclaimed	Zone	
1001 E OTH S	troot Duildin	α Λ . D Ο D	ov 11120 D	one Neveda 90520	0027	

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