



Washoe County
COMMUNITY SERVICES DEPARTMENT
Engineering and Capital Projects

DEVELOPMENT SERVICES APPLICATION

Application Submitted By (print): _____ **Date Submitted:** _____

PROJECT OWNER INFORMATION (legal name and address for owner)

Inspection accounts will only be created and billed to the owner

Name _____ Attn: _____
Mailing Address _____ Email _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____ Fax _____

APPLICANT INFORMATION (legal name and address for applicant)

Name _____ Attn: _____
Mailing Address _____ Email _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____ Fax _____

CONTACT INFORMATION (if different than Applicant Information)

Name _____ Attn: _____
Mailing Address _____ Email _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____ Fax _____

ARCHITECTURAL OR ENGINEERING FIRM

Firm Name _____ Contact _____
Phone _____ E-mail _____

PROJECT INFORMATION (must have APN & address issued prior to applying for service)

Project Location _____ Suite _____
Center/Complex name _____ Previous Tenant (for TI's) _____
Service Address _____ Suite _____
City _____ State _____ Zip _____
Assessor Parcel # (APN) _____ # of Units _____
Brief Project Description _____

REQUESTED RECLAIMED WATER SERVICES/METERS

Requested Irrigation Service Size(s) _____ Meter Size(s) _____ No. _____

Are there auxiliary water sources on the project site?

Well on Property: Yes No Auxiliary/Reclaimed Water: Yes No

FOR INTERNAL USE ONLY

Project Name _____
Inspection Service Required (circle one) Sewer Reclaim Sewer & Reclaim Engineering
Inspection Deposit Collected \$ _____
Sewer System _____ Reclaimed Zone _____