



# Non-Residential Application for Wastewater Utility Service

2500 Pittsburg-Antioch Hwy  
Antioch, CA 94509  
ph (925) 756-1900 fax (925) 756-1960

DDSD Use Only	Application Number
	Date App. Received
	Employee Number
	Date Processed
	Date Paid

### Part A - Description of Property

Assessor Parcel No. (APN)	
Street No. & Name	
City	Zip
Number of Existing Buildings on Parcel	Date

### Part B1 - Project Description

<input type="checkbox"/> New Building	<input type="checkbox"/> Building Addition	<input type="checkbox"/> Lot Split
<input type="checkbox"/> Building Demolition	<input type="checkbox"/> Building Remodel	<input type="checkbox"/> Other

Please give a brief description of the project (*if building remodel, describe the previous use of the square footage as well as future use*)

### Part B2 - Wastewater Description

Will the business discharge any wastewater other than domestic waste (toilets and handsinks)?  Yes  No

If yes, please describe and identify any proposed treatment systems (i.e. oil/sand separators, grease traps, filtration, etc.)

### Part C - Applicant (*skip to Part D if Applicant is Property Owner*)

Last Name		First Name	
Company			
Type of Business			
Street No. & Name			
City	State	Zip	
Phone		Fax	

**Part D - Property Owner(s)**

Company (if applicable)

Last Name	First Name
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Street No. &amp; Name

City	State	Zip
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Phone	Fax
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Company (if applicable)

Last Name	First Name
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Street No. &amp; Name

City	State	Zip
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Phone	Fax
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**Part E - Business(s) Applying for Service (attach additional sheets if necessary)**

Business Name

Type of Business

Street No. &amp; Name

City	State	Zip
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Phone	Fax
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Total Business Square Footage	Estimated Water Usage (gpd)
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Water Meter No(s)	Water Account No(s)
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Business Owner

Street No. &amp; Name

City	State	Zip
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Contact: Last Name	First Name
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Phone	Fax
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Business Name

Type of Business

Street No. &amp; Name

City	State	Zip
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Phone	Fax
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Total Business Square Footage	Estimated Water Usage (gpd)
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Water Meter No(s)	Water Account No(s)
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Business Owner

Street No. &amp; Name

City	State	Zip
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Contact: Last Name	First Name
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Phone	Fax
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