



Residential Application for Wastewater Utility Service

2500 Pittsburg-Antioch Highway
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 *(Use Reverse Side if Multiple Addresses)*

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

Part B - 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
Description		

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

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

Part D - Property Owner(s)

Company <i>(if applicable)</i>		
Last Name		First Name
Type of Business		
Street No. & Name		
City	State	Zip
Phone		Fax
Company <i>(if applicable)</i>		
Last Name		First Name
Type of Business		
Street No. & Name		
City	State	Zip
Phone		Fax



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Property Information

City	
Subdivision Name	Subdivision No.
Developer	

A sequence sheet with the same information may be attached in place of this form.

Lot No.	Street No.	Street Name	No. of Living Units	APN