

**Virgin Valley Water District
Conditional Commitment for Water Service (CCWS)
Application**

Date: _____
Project Name: _____
Master APN #'s: _____
Project Location (Cross Streets): _____
Type of Development: _____
(Residential, Commercial, Industrial)

Engineering Firm: _____ Contact Person: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____

Developer/Owner: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____

Number of Residential Lots: _____ Meter Size: _____
Number of Commercial Lots: _____ Meter Size: _____
Number of Landscape Meters: _____ Meter Size: _____

*****Submit this form along with 2 sets of Improvement Plans, and plan review fee.**

If Amended Final Map List Names and Address of APN#'s being modified:

Amended Final Map: _____
Name on the Final Map must match the Original CCWS Submittal

APN/ADDRESS: _____ APN/ADDRESS: _____
APN/ADDRESS: _____ APN/ADDRESS: _____
APN/ADDRESS: _____ APN/ADDRESS: _____

Revised and/or replaced CCWS will not extend the annual renewal or termination date (as found in attached conditions). I understand that I must read & accept all of the conditions of the CCWS.

Developer Signature

Date