



Non-Residential Application for Wastewater Utility Service

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

Delta Diablo 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
City Permit Application Number	

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

Street No. & Name

City

State

Zip

Phone

Fax

Company (if applicable)

Last Name

First Name

Street No. & Name

City

State

Zip

Phone

Fax

Part E - Business(s) Applying for Service (attach additional sheets if necessary)

Business Name

Type of Business

Street No. & Name

City

State

Zip

Phone

Fax

Total Business Square Footage

Estimated Water Usage (gpd)

Water Meter No(s)

Water Account No(s)

Business Owner

Street No. & Name

City

State

Zip

Contact: Last Name

First Name

Phone

Fax

Business Name

Type of Business

Street No. & Name

City

State

Zip

Phone

Fax

Total Business Square Footage

Estimated Water Usage (gpd)

Water Meter No(s)

Water Account No(s)

Business Owner

Street No. & Name

City

State

Zip

Contact: Last Name

First Name

Phone

Fax