



Santa Cruz County Sanitation District

701 OCEAN STREET, SUITE 410, SANTA CRUZ, CA 95060-4073
(831) 454-2160 FAX (831) 454-2089 TDD: (831) 454-2123

MATT MACHADO, DISTRICT ENGINEER

Sewer Service Availability Questionnaire

Date: _____

Site Address: _____

Assessor's
Parcel Number _____

Applicant Name: _____

Owner Name: _____

Mailing Address

Mailing Address: _____

Phone Number: _____

Phone Number: _____

Project Description

- | | | | |
|---|-------------|-------------------|--------------|
| 1. Is your project: | New | Residential | Expansion |
| 2. Type of project: | Residential | Commercial | |
| 3. Number of existing units? | | | |
| 4. Number of proposed units? | | | |
| 5. If commercial, estimated water use: | | (gallons per day) | |
| 6. Will existing structure: | Remain | Be Demolished | Be Relocated |
| 7. Other Information you would like us to know: | | | |

Received by:

Sanitation District:

Please email your request to:

DPW.LateralProgram@santacruzcounty.us