

**Commercial Change of Use Application
Calaveras County Water District**

423 E. St. Charles Street, PO Box 608, San Andreas, CA 95249
Office (209) 754-3543 Fax (209) 754-0270

Applicant Information

Applicant's Name: _____ Date: _____
Applicant's Mailing Address: _____
Applicant's Daytime Phone: _____

Property Information

Property Owner's Name: _____ APN _____
Physical Address: _____

Service Information

Services In Use (Complete Any Which Apply):

Water	_____	Meter Size:	_____	(if you know it)
Landscape Meter	_____	Meter Size:	_____	(if you know it)
Sewer	_____			

Commercial User Classification

New Business and/or Owner Name (if applicable):

New Business Type (if applicable):

Business Mailing Address: _____

Estimated Daily Water Usage: _____
Square Footage: _____
of Days Open per Week: _____
of Hours Open per Week: _____
of Employees _____
of Seats : _____

Please describe proposed business and anticipated business facilities/functions which will utilize water/sewer services. If applicable, please include the number of units planned for your business as listed on the demand factor table, attached.

Signature

I understand that all quotes for service given to me are based on the information that I have provided above. Any change of use from that which I have described may result in additional fees being charged to me. I further understand that all quotes given to me are estimates and subject to change at any time unless otherwise specified in writing.

Signature: _____ Date: _____