



**SUBAREA MASTER PLAN (SAMP)/
WATER SUPPLY ASSESSMENT & VERIFICATION
APPLICATION**

APPLICATION PACKAGE:

- ✓ \$5,000 Deposit made payable to Otay Water District
- ✓ 1 (ONE) CD of the first submittal (in Tiff or PDF)
- ✓ 6 (SIX) Binders of the first SAMP submittal

ADDITIONAL DEPOSITS:

Additional deposits: shall be determined during plan review

OWNER INFORMATION

Company Name:

Contact Name:

Contact E-Mail Address:

Company Address:

City:

State:

ZIP Code:

Phone:

Fax:

Cellular:

*** ADDITIONAL SERVICES BILL TO?
(circle one) OWNER APPLICANT**
*** ALL REFUNDS SHALL BE SENT TO THE PROPERTY OWNER**

APPLICANT INFORMATION

Company Name:

Contact Name:

Contact E-Mail Address:

Company Address:

City:

State:

ZIP Code:

Phone:

Fax:

Cellular:

PROJECT INFORMATION

Project Name:

Assessor Parcel Number (APN):

Project Address:

City:

State:

ZIP Code:

Signature of Applicant:

Date:

FOR DISTRICT USE ONLY

CHECK ISSUED BY:

REFERENCE ASBUILT NO(S):

ADDRESS:

PERMIT NO.:

CITY:

STATE:

ZIP CODE:

PERMIT NO.:

PROJECT NO.:

PRESSURE ZONE 1:

PRESSURE ZONE 2:

WATER ID.: