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## Application for Commercial Water/Sewer Service

**This application has been created using Adobe Acrobat and all fields and check boxes can be populated electronically. Move pointer to field and cursor will appear. Fill in entire form, print out, sign and return to District Customer Service staff.**

All requests for commercial water/sewer service require a one-time set-up fee of **\$10.00**. **Please complete the attached Permit Clearance Form in its entirety.** Failure to complete the form may delay your service start date. Once the application is approved, service will be initiated on the next business day.

A deposit (minimum of \$200.00) is required on all new commercial water/sewer accounts. The deposit will be equal to the most recent 2 months of service billed to the property. The deposit can be billed in equal installments over a period not to exceed three months.

Today's Date: \_\_\_\_\_ Desired Service Start Date: \_\_\_\_\_

Service Location: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 (Street Address)

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Check One: Owner  Tenant

Is this the primary account contact (check one)?  Yes  No If No, please provide: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell or Other Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Special Notes/ Instructions:

The undersigned applicant(s) accepts responsibility for payment of all charges for water and/or wastewater services provided by the Elsinore Valley Municipal Water District and agrees to comply with all District regulations governing such services as stated in the District's Administrative Code, Rules and Regulations Governing Water Service, Section 3201 et seq. The applicant acknowledges liability for payment for water used and applicable service charges until the District's Customer Service Department is notified in writing to cancel service. The District is not liable for any damages due to running water on customer's side of the meter.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT CLEARANCE/RELEASE FORM**

| PROJECT INFORMATION        |  |                      |             |
|----------------------------|--|----------------------|-------------|
| *Work Being Performed:     |  | Commercial Project   |             |
| *Project Name:             |  | Residential Upgrades |             |
| *Project Location/Address: |  | Tenant Improvements  |             |
| *Site APN/Parcel #:        |  |                      |             |
| *Business Type Current:    |  | *Business Type New:  | YES      NO |
| *Change in Ownership Only: |  |                      |             |

| CONTACT INFORMATION |  |                    |  |
|---------------------|--|--------------------|--|
| *Applicant Name:    |  | OWNER:             |  |
| *Company Name:      |  | *Company Name:     |  |
| *Address:           |  | *Address:          |  |
| *City, State, Zip:  |  | *City, State, Zip: |  |
| *Contact Name:      |  | *Contact Name:     |  |
| *Office Phone:      |  | *Office Phone:     |  |
| *Email:             |  | *Email:            |  |

| REQUIRED DOCUMENTS   |
|--|
| The following documents shall be submitted:<br><input type="checkbox"/> *Building Plans/Tenant Improvement Plans |

| SUBMITTAL INSTRUCTIONS  |
|---|
| 1) All (*) are required fields.<br>2) Submit the application and required documents by the following two methods:<br>a) Emailed to <a href="mailto:Development@evmwd.net">Development@evmwd.net</a> , or<br>b) Drop-off in person or mail to ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530<br>3) For any questions contact the EVMWD at (951) 674-3146 x8427 or via email at <a href="mailto:Development@evmwd.net">Development@evmwd.net</a> , |

| CLEARANCE/RELEASE (FOR INTERNAL USE)  |
|---|
| The District has reviewed the permit documents for the subject project and has concluded the following:<br><input type="checkbox"/> The project has complied with District requirements and is clear for permit issuance. See project conditions below (if any).<br><input type="checkbox"/> The project has <u>not</u> complied with all District requirements and it is <u>not</u> cleared for permit insurance. See project conditions below.<br><input type="checkbox"/> The project is clear for EVMWD account activation. |

| PROJECT CONDITIONS (FOR INTERNAL USE)  |
|--|
| The following conditions apply to the project:<br><input type="checkbox"/> Prior to Building Permit issuance, the applicant shall submit a <a href="#">Will Serve Application</a><br><input type="checkbox"/> Prior to Building Permit issuance, the applicant shall submit a <a href="#">Commercial/Industrial Form</a><br><input type="checkbox"/> Prior to meter release, the applicant shall pay Water and/or Sewer Capacity Fees<br><input type="checkbox"/> Prior to Certificate of Occupancy, the applicant shall obtain Pre-Treatment clearance<br><input type="checkbox"/> Prior to Certificate of Occupancy, the applicant shall obtain Backflow clearance |

| FOR INTERNAL USE           |       |
|----------------------------|-------|
| _____                      | _____ |
| EVMWD Authorized Signature | Date  |