



EAST ORANGE COUNTY WATER DISTRICT SEWER CONNECTION APPLICATION

CONTACT INFORMATION

Date: _____ Application No: _____

Applicant Name: _____

Phone #: _____

Email address: _____

Connection Address: _____

City: _____ Zip: _____

Major Cross Streets: _____

Parcel Number/APN (if known): _____

TYPE OF DEVELOPMENT – Please provide one (1) set of preliminary plans in hard copy and in pdf format.

Single Family Residence
Existing: No. of Bedrooms: _____
New: Proposed No. of Bedrooms: _____

Multi-Family Residence
Existing: No. of Units: _____
Existing No. of Bedrooms/Unit: _____
New: No. of Units _____
New: No. of Bedrooms/Unit _____

Commercial/Industrial
Type of Use (e.g. restaurant, retail, etc.) _____
Existing: square footage: _____
New: Proposed square footage: _____

ADDITIONAL COMMENTS
