



WEST COUNTY
WASTEWATER

ANNEXATION REQUEST FORM

ADDRESS: _____

Add a separate sheet if there is more than 1 address

PARCEL NUMBER: _____

Add a separate sheet if there is more than 1 parcel

ANNEXATION REQUESTER PRINTED NAME(S) & SIGNATURE(S)

NOTE: PLACE A “✓” IN THE APPLICABLE BOX BELOW

PROPERTY OWNER:

*OTHER:

*OTHER (TITLE): _____

PRINTED NAME #1: _____

SIGNATURE #1: _____

PRINTED NAME #2: _____

SIGNATURE #2: _____

PRINTED NAME #3: _____

SIGNATURE #3: _____

BOARD OF DIRECTORS

Cesar Zepeda, President
Cheryl Sudduth,
Vice President

David Alvarado, Director
Annie M. King-Meredith, Director
Harry Wiener, Director

GENERAL MANAGER

Lisa K. Malek-Zadeh

GENERAL COUNSEL

Claire H. Collins, Esq.

PARCEL NUMBER:

Add a separate sheet if there is more than 1 parcel

ACKNOWLEDGEMENTS & CONFIRMATIONS

NOTE: PLACE A “✓” IN EACH BOX BELOW

- FLOW MODELING MAY BE REQUESTED
 - COMPLETE BUILDOUT/DEVELOPMENT BASED ON CURRENT ZONING SHALL BE FACTORED IN
 - WCW STANDARD DETAILS SHALL BE REVIEWED AND FACTORED IN (I.E. MIN. SEWER SIZE = 8 INCHES)
- MEETINGS MAY BE REQUESTED
- EASEMENTS WILL BE ACQUIRED (IF NECESSARY)
- THE PROJECT DESCRIPTION HAS BEEN PROVIDED TO WCW
- THE PROJECT PLANS HAVE BEEN PROVIDED TO WCW
- THIS FORM RESULTS IN APPROVAL/DENIAL AT STAFF LEVEL
- ANNEXATIONS REQUIRE BOARD APPROVAL (WCW & LAFCO)
- ANNEXATIONS TAKE APPROX. 6-12 MONTHS TO PROCESS
- THIS WILL OCCUR WITHIN WCW'S SPHERE OF INFLUENCE
- THIS WILL NOT CREATE A NON-ANNEXED ISLAND
- THIS WILL NOT AFFECT THE EXISTING ZONING DESIGNATION

PARCEL NUMBER: _____

Add a separate sheet if there is more than 1 parcel

PROJECT DESCRIPTION
INCLUDE PROPOSED USE VS. EXISTING ZONING, ACREAGE &
SQUARE FOOTAGE OF EACH EXISTING VS.
PROPOSED STRUCTURE

PARCEL NUMBER: _____

Add a separate sheet if there is more than 1 parcel

PLAN SUBMITTAL REQUIREMENTS
NOTE: PLACE A “✓” IN EACH BOX BELOW

AT LEAST 8 ½” x 11” IN SIZE

CONTAINS THE FOLLOWING:

ACCESSOR’S PARCEL NUMBER(S)

EASEMENT(S), IF APPLICABLE

LOCATION(S) OF STRUCTURE(S) VS. PARCEL(S)

LOCATION(S) OF SEWER LATERAL(S) VS. SEWER MAIN(S)

NORTH ARROW

SIDEWALK(S)

STREET NAME(S)

PARCEL NUMBER: _____

*Add a separate sheet if there is more than 1 parcel**

****TO BE COMPLETED BY WEST COUNTY WASTEWATER****

APPROVED: DENIED:

WITH WCW PROVIDING:

APPLICATION ASSISTANCE:

N/A (DENIAL OF REQUEST):

ENGINEER I/II/III:

DATE: _____