



## 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  
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#### GENERAL MANAGER

Lisa K. Malek-Zadeh

#### GENERAL COUNSEL

Nicole Witt, 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: \_\_\_\_\_