



Non-Residential Application for Wastewater Utility Service

Delta Diablo Sanitation District
 2500 Pittsburg-Antioch Highway
 Antioch, CA 94509
 ph (925) 756-1900 fax (925) 756-1960

Application Number
Date App. Received
Employee Number
Date Processed
Date Paid

Part A - Description of Property

Assessor Parcel No. (APN)	
Street No. & Name	
City	Zip
Number of Existing Buildings on Parcel	Date

Part B1 - Project Description

<input type="checkbox"/> New Building	<input type="checkbox"/> Building Addition	<input type="checkbox"/> Lot Split
<input type="checkbox"/> Building Demolition	<input type="checkbox"/> Building Remodel	<input type="checkbox"/> Other

Please give a brief description of the project *(if building remodel, describe the previous use of the square footage as well as future use)*

Part B2 - Wastewater Description

Will the business discharge any wastewater other than domestic waste (toilets and handsinks)? Yes No

If yes, please describe and identify any proposed treatment systems (i.e. oil/sand separators, grease traps, filtration, etc.)

Part C - Applicant *(skip to Part D if Applicant is Property Owner)*

Last Name		First Name	
Company			
Type of Business			
Street No. & Name			
City	State	Zip	
Phone		Fax	

Part D - Property Owner(s)			
Company (if applicable)			
Last Name		First Name	
Street No. & Name			
City	State		Zip
Phone		Fax	
Company (if applicable)			
Last Name		First Name	
Street No. & Name			
City	State		Zip
Phone		Fax	
Part E - Business(s) Applying for Service (attach additional sheets if necessary)			
Business Name			
Type of Business			
Street No. & Name			
City	State		Zip
Phone		Fax	
Total Business Square Footage		Estimated Water Usage (gpd)	
Water Meter No(s)		Water Account No(s)	
Business Owner			
Street No. & Name			
City	State		Zip
Contact: Last Name		First Name	
Phone		Fax	
Business Name			
Type of Business			
Street No. & Name			
City	State		Zip
Phone		Fax	
Total Business Square Footage		Estimated Water Usage (gpd)	
Water Meter No(s)		Water Account No(s)	
Business Owner			
Street No. & Name			
City	State		Zip
Contact: Last Name		First Name	
Phone		Fax	