AUGUSTA COUNTY SERVICE AUTHORITY

APPLICATION FOR PLAN REVIEW

Date:						
Project Name /Plan 1	Title:					
Type of Project:					te Plan, Utility Extension, Other)	
	(Master Plan, I	Minor Subdivision, Major Su	bdivision, Commerc	cial/Industrial Si	te Plan, Utility Extension, Other)	
Master plans and su	bdivisions ind	icate the number of	lots:	_		
Site Plans that are exsewer system provide					d the Service Authority's water or	
Project Description:						
-						
Project Location: Parcel Number (To E						
•	•	Double Circle	Block	Lot	Sublot	
·						
Phone Number:						
Fax Number:						
Contact Person:				Phone Number:		
Service Authority Sit						
	construction o				ending to connect to the Service to plan review:	
property associated w mains/submains and a Furthermore, I unders Service Authority's Sta	ith this project of appurtenances tand that service andards and the andards. This r	during the construction to ensure compliance to the property will not necessary access earight to access provide	period for the p with the Service ot be provided u asements have I	ourpose of in Authority's until all const been properl	proper identification, access to the specting the associated Design and Construction Standards truction is in compliance with the suance of a Certificate to Occupy be	
Owner/Authorized Representative:						
				,	Γitle)	
				/ C	Signature)	

All applications for plan review NOT associated with a major subdivision shall be accompanied by a water meter sizing form. All major commercial and residential subdivisions shall submit hydraulic calculations with the submittal of the master plan in accordance with the Augusta County Service Authority Construction Standards.

Please note that Subdivision Construction Plan and Utility Extension plan approval is valid for 1 year through the Augusta County Service Authority. All other plan approval shall coincide with the limits set by the Augusta County **Community Development Department.**

Design Engineer:			
Address:			
Phone Number:			
Fax Number:			
Services Requested: Water (No . of Connections)	And/Or Sewer (No. Of Connections)		
Application Completed By:	(Please Print) (Signature)		
Representative Of:	, G ,		
Phone Number:			
Fax Number:			