



CITY OF MILPITAS

455 East Calaveras Boulevard, Milpitas, CA 95035-5479 – Tel. 408.586.3240, Fax 408.586.3285
www.ci.milpitas.ca.gov

SEWER NEEDS QUESTIONNAIRE **(For Non-Residential Applicants)**

THIS FORM SHALL BE COMPLETED BY SOMEONE KNOWLEDGEABLE IN THE WATER USAGE OF THE TENANT.

The Sewer Needs Questionnaire must be completed for all Building Permit Applications when a project will cause an increase in water usage due to additional facilities or new construction (i.e. increasing operation or manufacturing process water use, installing new processes requiring water, adding restroom facilities, increasing the number of employees, increasing tenant space). If a treatment plant fee is assessed, it must be paid prior to issuance of a Building Permit. Please keep a copy of this completed questionnaire for your files. If you need assistance in filling out the questionnaire, call Joon Hong at (408) 586-3350.

Tenant Name: _____

Tenant Address: _____

APN: _____ Total Area of this APN: _____

Contact Person: _____ Phone #: _____

A. TYPE OF BUSINESS (Describe your type of business and include any equipment, processes, products or services involved).

SIC CODE (Standard Industrial Classification): _____ (If unknown, see SIC summary listing or contact the Industrial Source Control Inspector for Milpitas at SJ/SC WPCP, 408-945-5300.

B. PERMIT DATA

1. What is the construction valuation of work under this permit? \$ _____

2. Describe the work to be done under this permit.

OFFICE USE ONLY

Shell Address: _____ Building Permit #: _____

3. Describe the impact of this work on the quality and quantity of water and sewer use.

4. What is the square footage (in square feet) involved in this permit? _____ S.F.

5. What is the square footage of the entire building (if known)? _____ S.F.

6. What is the square footage of your entire tenant space? _____ S.F.

7. A square footage breakdown of your entire tenant space would be:

Office/Bathroom _____ S.F. _____ S.F. _____ S.F.

Warehouse _____ S.F. _____ S.F. _____ S.F.

Restaurant _____ S.F. _____ S.F. _____ S.F.

8. The building area **has/has not** been previously occupied. (Circle one)

9. Length of time your business has occupied this building area: ____ yrs. ____ mos.

10. Name of previous tenant (if known) _____

11. Name of current co-tenant(s), if any _____

Note: Co-tenant is defined as those who share the domestic water service with you.

C. OPERATING SCHEDULE (If seasonal, use separate sheet to explain)

Work hours: Shift #1 _____ to Shift #2 _____ to Shift #3 _____ to _____

Number of employees:

	<u>For Shift #1</u>	<u>For Shift #2</u>	<u>For Shift #3</u>	<u>In the Office</u>
On Weekdays	_____	_____	_____	_____
On Saturdays	_____	_____	_____	_____
On Sundays	_____	_____	_____	_____

D. TOTAL ESTIMATED WATER USES (in gpd, gallons per day)

Bathroom _____ gpd Landscaping _____ gpd
(if on domestic meter)

Car washing _____ gpd Manufacturing _____ gpd

Cooking _____ gpd Product Ingredient _____ gpd

Cooling Towers _____ gpd Steam Cleaning _____ gpd

Other (describe) _____ gpd

E. WATER SOURCES & ESTIMATED VOLUMES FOR THIS FACILITY (in gpd)

City _____ gpd
Private Well _____ gpd
Private Reclaim _____ gpd
Municipal Reclaim _____ gpd

The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. Additional treatment plant fees will be required if monitored flow exceeds estimate based on information contained herein.

Applicant Name: _____ Phone No. _____

Name (print): _____ Title: _____

Signature: _____ Date: _____