



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 Parmjit Uppal at (408) 586-3351.

Tenant Name:

Tenant Address to be occupied:

APN (If known): Total Area of this APN:

Contact Name: Phone No:

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

8. Indicate the SIC Code:

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?

OFFICE USE ONLY

Shell Address: _____ Building Permit #: _____

2. Describe the work to be done under this 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? SF.

5. What is the square footage of the entire building (if known)? SF.

6. What is the square footage of your entire tenant space? SF.

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

Office/Bathroom SF. SF. SF.

Warehouse SF. SF. SF.

Restaurant SF. SF. SF.

8. The building area been previously occupied.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
On Saturdays	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
On Sundays	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Bathroom	<input type="text"/>	gpd	Landscaping (if on domestic meter)	<input type="text"/>	gpd
Car washing	<input type="text"/>	gpd	Manufacturing	<input type="text"/>	gpd
Cooking	<input type="text"/>	gpd	Product Ingredient	<input type="text"/>	gpd
Cooling Towers	<input type="text"/>	gpd	Steam Cleaning	<input type="text"/>	gpd
Other (Describe)	<input type="text"/>				<input type="text"/> gpd

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

City	<input type="text"/>	gpd
Private Well	<input type="text"/>	gpd
Private Reclaim	<input type="text"/>	gpd
Municipal Reclaim	<input type="text"/>	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.

Company Name: Phone No:

Applicant's Name (print): _____ Title: _____

Signature: _____ Date: _____