

**SEWER NEEDS QUESTIONNAIRE  
(For Applicants – Planning Review)**

The Sewer Needs Questionnaire must be completed for all Planning Review Applications. Please keep a copy of this completed questionnaire for your files. If you need assistance in filling out the questionnaire, call Paramjit Uppal at (408) 586-3351.

Please return this completed form to: City of Milpitas – Planning and Neighborhood Preservation,  
455 E. Calaveras Boulevard, Milpitas, CA 95035

**Planning Application No.:** \_\_\_\_\_ **Assessor's Parcel Number (APN):** \_\_\_\_\_

**Total Area of this APN:** \_\_\_\_\_ **Total Area To be Occupied Under Application:** \_\_\_\_\_

**Site Address, if available:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_ **Phone/email address:** \_\_\_\_\_  
\_\_\_\_\_

**Current Zoning:** \_\_\_\_\_ **Proposed Zoning (if applicable):** \_\_\_\_\_

A. TYPE OF BUSINESS that will occupy this building (Describe type of business and possible equipment, processes, products or services involved).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. APPLICATION DATA

1. Describe the affect of this business on City water supply demand (quantity of water use) and the amount of sewage discharge.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the square footage (in square feet) involved in this application? \_\_\_\_\_ S.F.

3. Anticipated square footage breakdown of your proposed facility or tenant space:

Office/Bathroom \_\_\_\_\_ S.F. Manufacturing \_\_\_\_\_ S.F.

Warehouse \_\_\_\_\_ S.F. Residential \_\_\_\_\_ # of DU

Restaurant \_\_\_\_\_ S.F. Other \_\_\_\_\_ S.F.

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

5. Name of current co-tenant(s), if any \_\_\_\_\_

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

C. TOTAL ESTIMATED WATER USES for this application (in gpd, gallons per day)

Others:

Bathroom \_\_\_\_\_ gpd Steam Cleaning \_\_\_\_\_ gpd \_\_\_\_\_ gpd

Car washing \_\_\_\_\_ gpd Manufacturing \_\_\_\_\_ gpd \_\_\_\_\_ gpd

Cooking \_\_\_\_\_ gpd Product \_\_\_\_\_ gpd \_\_\_\_\_ gpd

Cooling Towers \_\_\_\_\_ gpd Ingredient \_\_\_\_\_ gpd \_\_\_\_\_ gpd

The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. A Building Sewer Needs Questionnaire will be required at the time of Building Permit application which will serve as the basis for fees.

Applicant: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date