



**SUBAREA MASTER PLAN (SAMP)/  
WATER SUPPLY ASSESSMENT & VERIFICATION  
APPLICATION**

APPLICATION PACKAGE:	ADDITIONAL DEPOSITS:
<ul style="list-style-type: none"> <li>✓ \$5,000 Deposit made payable to Otay Water District</li> <li>✓ 1 (ONE) CD of the first submittal (in Tiff or PDF)</li> <li>✓ 4 (FOUR) Binders of the first SAMP submittal</li> </ul>	<u>Additional deposits:</u> shall be determined during plan review

**OWNER INFORMATION**

Company Name:		
Contact Name:	Contact E-Mail Address:	
Company Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

**\*ADDITIONAL SERVICES BILL TO?**  
**(circle one) OWNER                      APPLICANT**  
**\*ALL REFUNDS SHALL BE SENT TO THE PROPERTY OWNER**

**APPLICANT INFORMATION**

Company Name:		
Contact Name:	Contact E-Mail Address:	
Company Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

**PROJECT INFORMATION**

Project Name:	Assessor Parcel Number (APN):
Project Address:	
City:	State:
Signature of Applicant:	Date:

**FOR DISTRICT USE ONLY**

CHECK ISSUED BY:	REFERENCE ASBUILT NO(S):
ADDRESS:	
CITY:	STATE:
PERMIT NO.:	PROJECT NO.:
	PRESSURE ZONE 1:
	PRESSURE ZONE 2:
	WATER ID.: