Mammoth Community Water District Landscape/Irrigation Application



Date:											
APPLICANT											
Full Name:											
Address:											
City:						S	tate:			Zip:	
Phone Number:											
Email:											
I authorize my co	ontracto	or to	serve	e as ı	my aç	gent	for ma	itters pert	aining	to this	permit.
PROPERTY											
Proposed Meter Size:			Squ	are F	Footage of Landscape to be Irrigated:					gated:	
Subdivision:								Lot #:			
Street Address:										'	
Assessor Parcel # (APN):								Link to N	arcel Viewer		
OWNER											
Full Name:											
Address:											
City:						S	tate:			Zip:	
Phone Number:											'
Email:											
CONTRACTOR											
Full Name:											
Phone Number:											
Email:											
Contractor License #:											
Additional Contact & In	fo:										
Signature on the application acknown of accurate, replacement of the may also be required. Removal of fisubmitted in regard to water and sedepartment.	eter and str ixtures once	reet lat e insta	teral ma alled ma	ıy be re y requi	equired re Towr	at the on	owner's e ammoth L	expense. Payr akes approva	nent of ac al. The ow	dditional cor ner assure:	nnection fees s that the plans

SIGNATURE OF OWNER:

Date:

Mammoth Community Water District Landscape/Irrigation Application



LANDSCAPE PLANS REQUIRED

Landscape Plans submitted to the District shall include at a minimum:

A site plan including:

- A north arrow and scale.
- Property address and/or Assessor's Parcel Number (APN).
- Property boundary lines.
- Adjacent street(s) labeled with street name.
- · Easements.
- Existing/Planned structures, including driveways, sidewalks, pathways, and parking areas.
- Location and total square footage of the Landscape Area.
- Snow storage area.
- Meter location.
- Unusual site features (e.g. hilly terrain, drainages, water features, rock features).

An irrigation plan identifying how the Landscape Area will be irrigated.

If applicable, the design of the irrigation system, including:

- sprinkler product type
- the location of shut off valves
- meter connections
- backflow device.

Soil amendments planned for the project.

Planting selection: location and variety of plants.

MAMMOTH COMMUNITY WATER DISTRICT

PO BOX 2117, Mammoth Lakes, CA 93546 (760) 934-2596 billing@mcwd.dst.ca.us

Service Agreement

MAMMOTH COMMUNITY WATER DISTRICT (District) is hereby requested by Owner to furnish water and/or sewer service. In consideration for such service, Owner agrees with the District as follows:

- 1) That all District services and charges are governed by District Ordinances, which are available for inspection at the District Office, 1315 Meridian Blvd., Mammoth Lakes, California 93546 or online at mcwd.dst.ca.us/governance. Owner agrees to abide with District Ordinances, as amended from time to time;
- 2) That the District is granted access for activities related to service installations upon premises;
- 3) That this application, when approved by the District, constitutes a contract between the Owner and the District. Owner acknowledges that he/she understands the monthly charges as applicable to his/her structure, and Owner understands that monthly billings will be provided according to District billing procedures;
- 4) That Owner understands the contact information furnished on this application shall be used by District for billing and correspondence purposes, agrees to inform the District of any change in the information provided, and understands the District will assume no responsibility in connection with the monthly billing, leak notifications, or violation notices if a change of information is not given the District;
- 5) That all information provided in the application is correct;
- 6) That Owner agrees to provide any request for service termination not later than (10) days before termination is to become effective.
- 7) Consistent with California's Uniform Electronic Transactions Act (Cal. Civ. Code, §1633.1, et seq., and any other applicable law), by submitting this form with your electronic signature, you understand and agree that you are entering into a binding agreement with the District, and that your electronic signature is the same as your handwritten signature for the purposes of validity, enforceability, and admissibility of your signature and the agreement to which it is applied.

INFORMATION

Property Owner's Name(s)					
Mailing Address		City		State	zZip Code
Primary/cell phone #	Receive text messages _	Yes	No	Alternate phon	e #
Email			Please	send my bills by:	Email or USPS
Service Address		Un	it No	Close of Escrow	Date
Primary Residence Seco	nd Home	Rental:	Long [·]	Term Short Te	rm Not a Rental
If Renter Pays the Bill: Renter: Name					
Renter: Mailing Address	Rente	r: City	R	enter: State Rent	er: Zip Code
Property manager or local contact n	ame (if applicable):				
Property manager or local contact: F	hone	_ Email			
Signature of Owner (s)				Date	