



**TO: Director of Planning, Zoning and Development
City of Westminster
56 West Main Street
Westminster, MD 21157**

Office Use Only

Case No.: _____
Form Received: _____
Fee Paid: _____
DPZD Decision: _____
Appeal Received: _____
M&CC Decision: _____

- Application Fee \$250.00**
Payable to City of Westminster

APPLICATION FOR WATER ALLOCATION
CITY OF WESTMINSTER, MARYLAND

1. **Name of Property Owner(s):** _____
 a. Mailing Address: _____

 b. Phone Number: _____

2. **Location of Property to Receive Water Allocation:**
 a. Tenant Name and/or Business Name: _____
 b. Address of Property : _____

 c. Recording Information: *Liber:* _____ *Folio:* _____
 d. Name of Project/Subdivision and Lot No.: _____

3. **Size of Parcel/Lot: _____ Acres**
 ➤ **For Non-Residential Uses, Size of Interior Space: _____ Square Feet**

4. **Project Categories (fill out dates for the items below that relate to your project)**

Change of Use or New Tenant in Existing Space:

_____ (a) Building Permit or Zoning Certificate – Date of Application

New Construction Approval Stage:

- _____ (a) Recorded Lot – Date of Recordation
- _____ (b) Final Plat – Date of Approval
- _____ (c) Site Plan – Date of Approval
- _____ (d) Other – Date of Approval

Residential Development

- _____ (a) Recorded lots and/or signed site plan approvals
- _____ (b) Final plat approvals
- _____ (c) Preliminary approvals

Non-Residential Development

- _____ (d) Signed site plan approvals
- _____ (e) Site Plan approvals
- _____ (f) Plans submitted

Emergency Projects

- _____ (g) Projects which have been identified by the Health Department

6. **Water Service Category** (based on Water Service Area Map): _____

7. **Water Use Information** (gallons per day):

a. Use of Property (check one): ____: Residential ____: Senior Living ____: Office/Commercial
____: Medical ____: Restaurant ____: Industrial ____: Other, the use is _____

b. Number of building units to be served: _____

c. Total projected water intake (use) per day, for project: _____ Gallons Per Day (GPD)

➤ *Include documentation of how projected intake was calculated (such as formulas, GPD of a comparable use, or other data)*

d. For existing water connections, average water intake (use) : _____ Gallons Per Day (GPD)

➤ *Include copy of water bill history of new location (past 3 to 5 years)*

8. **Project Information**

c. Estimated Date Project to begin: _____ d. Estimated Date Project to be completed: _____

Signed _____ Name: _____ Date: _____

Signed _____ Name: _____ Date: _____

(FOR USE BY CITY PERSONEL ONLY BELOW THIS LINE)

APPROVAL:

Final Decision of Water to Be Allocated (Gallons per Day) _____

Signed: _____

Date: _____

Director of Planning, Zoning and Development