

This area for AWWU Office use only: Water Project ID #540- _____ Sewer Project ID #550- _____	Anchorage Grid Number _____ AWWU Plan Set # _____ AWWU Private System # _____ City/State R.O.W Permit # _____
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**ANCHORAGE WATER AND WASTEWATER UTILITY
PRIVATE SYSTEM INFORMATION**

OWNER INFORMATION:

CONSULTING ENGINEER:

NAME: _____ CONTACT PERSON: _____ MAILING ADDRESS: _____ CITY/STATE _____ ZIP _____ TELEPHONE: _____ FAX Number: _____ E-Mail: _____	NAME: _____ CONTACT PERSON: _____ LICENSE # & EXP DATE: _____ MAILING ADDRESS: _____ CITY/STATE _____ ZIP _____ TELEPHONE: _____ FAX Number: _____ E-Mail: _____
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OWNER WHO WILL RESPONSIBLE FOR THE IMPROVEMENTS IS:

NAME: _____
(Please print)

TITLE: _____
(e.g.: INDIVIDUAL, PARTNER, GENERAL PARTNER, PRESIDENT, MANAGING MEMBER, OTHER)
PROVIDE BUSINESS ORGANIZATIONAL DOCUMENTATION AND LETTER OF SIGNATURE
AUTHORITY/ARTICLE OF ORGANIZATION/INCORPORATION

DEVELOPER INFORMATION TO BE SUBMITTED WITH APPLICATION:

- A. _____ FIRE DEPARTMENT APPROVAL
- B. _____ COMPLETED NOTICE OF INTENT TO DISCHARGE
- C. _____ PLATTING CASE NUMBER _____
- D. _____ PROPERTY'S PROPOSED LEGAL DESCRIPTION _____
- E. _____ FILED PLAT NUMBER _____
- F. _____ PROPERTY'S EXISTING LEGAL DESCRIPTION _____
- G. _____ PROPERTY ID # _____
- H. _____ ESTIMATED NUMBER OF UNITS TO BE DEVELOPED _____
- I. _____ OTHER RELATED INFORMATION _____

FOR DEVELOPER OR CONSULTANT	FOR AWWU
PREPARED BY: _____	RECEIVED BY: _____
ORGANIZATION: _____	DEPOSIT PROVIDED: _____
DATE: _____	DATE: _____