



Water Service Provider Letter (SPL)

PLEASE RETURN THIS FORM TO:

PRE-APPLICATION DATE: \_\_\_\_\_

SITE INFORMATION:

Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Size: \_\_\_\_\_

Address: \_\_\_\_\_

Nearest cross-street (or directions to site): \_\_\_\_\_

APPLICANT:

Contact: Emma Porricolo

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: eporricolo@angeloplanning.com

OWNER(S):

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: dwinship@beavertonoregon.gov

PROPOSED PROJECT NAME: \_\_\_\_\_

PROPOSED DEVELOPMENT ACTION (ex. Design Review, Land Division, Conditional Use, etc.): \_\_\_\_\_

EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

RESIDENTIAL: Single Fam. Multi-Fam. INDUSTRIAL/COMMERCIAL: Type of Use: CONDITIONAL USE: No. of Students/Employees/Etc.:
No. of Units: Gross Floor Area SQ. FT. Gross Floor Area SQ FT.

Average Daily Demand (gallons/day): Peak Daily Demand (gallons/day): Peak Hour (gallons/day):

FIRE FLOW REQUIRED: (gpm): IRRIGATION FLOW REQUIRED: (gpm):

\*\*\*FOR INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE\*\*\*

\*\*\*Both agency signatures required

TVWD [ ] ADEQUATE [ ] INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: TITLE: DATE:

COB [ ] ADEQUATE [ ] INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: TITLE: DATE: