

SIGNATURE:

Engineering Department 2725 SW Millikan Way | PO Box 4755 | Beaverton, OR 97076 p: 503-526-2269

www.BeavertonOregon.gov

Remit Form to: MailboxEngineering@BeavertonOregon.gov

Water Service Provider Letter (SPL)

Please include plan sheets showing proposed improvements

yellow highlight mandatory info APPLICANT: PRE-APPLICATION DATE: SITE INFORMATION: Contact: Tax Map(s): Lot Number(s): Company: Address: Phone: Address: Email: sam.huck@3i-consulting.com Nearest cross-street (or directions to site): OWNER(S): Contact: Company: Address: Requesting new meter or replacement of existing meter with No Phone: m.kilmartin@thprd.org Email: PROPOSED PROJECT NAME: _ PROPOSED DEVELOPMENT ACTION (ex. Design Review, Land Division, Conditional Use, etc.): EXISTING USE: PROPOSED USE: RESIDENTIAL: INDUSTRIAL/COMMERCIAL: **CONDITIONAL USE:** Single Fam. ____ Multi-Fam. ____ Type of Use: ____ No. of Students/Employees/Etc.: Gross Floor Area _____ SQ. FT. Gross Floor Area _____ SQ FT. No. of Units: 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)

TITLE: _

Form Date: 02-17-2019

DATE: