

RICHMOND PUBLIC WORKS
PROJECT REQUIREMENT COORDINATION FORM
CONTACT: WADE WENDT - PROJECT COORDINATOR - (281)342-0559

DATE STAMP

PROJECT NAME/OWNER _____ (HOME) TEL.# _____

(WORK) TEL.# _____ PAGER# _____ MOBILE# _____

PROJECT ADDRESS _____

PROJECT ENGINEER _____

CONTACT PERSON _____ TEL. # _____ ALT.# _____

PROJECT ARCHITECT _____

CONTACT PERSON _____ TEL. # _____ ALT.# _____

PROJECT CONTRACTOR _____

CONTACT PERSON _____ TEL. # _____ ALT.# _____

LIST **ALL WORK** TO BE DONE **(BE SPECIFIC)** _____

_____ PROPOSED **START DATE** _____

PLEASE PROVIDE US WITH ANY INFORMATION THAT APPLIES TO YOUR PROJECT:

1) STATUS OF PROJECT SITE (CHECK):

_____ PREVIOUSLY **UNOCCUPIED** SITE _____ PREVIOUSLY **OCCUPIED** SITE

_____ REMODEL / ADDITION TO EXISTING STRUCTURE

_____ MOVE-IN TO MOBILE HOME PARK **(NO SKETCH REQUIRED)**

_____ OTHER, EXPLAIN: _____

2) IF **REMODEL** PROJECT, WHAT IS THE CURRENT CENTRAL APPRAISAL DISTRICT VALUATION OF THE STRUCTURE? _____

3) HOW MANY PERSONS WILL BE OCCUPYING STRUCTURE?(IMPACT FEES) _____

4) WHICH **CITY UTILITY SERVICES** WILL **NEED TO BE INSTALLED** TO YOUR SITE? CHOOSE CITY SERVICES NEEDED: Circle those that apply: WATER TAP | SEWER TAP | DRIVEWAY INSTALLATION

★5) PROVIDE A SKETCH OF THE SITE OR PLANS. INCLUDE ALL INFORMATION REQUIRED **DIRECTION OF NORTH, STREET NAMES, PROPERTY LINES, ETC., AND EXISTING UTILITIES WATER METER, SEWER LINE, DRIVEWAY. FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN PLAN REJECTION AND RETURN OF ALL PLANS**

REMINDER NOTE: Other city requirements and building code compliance needs that this form does not address will also need to be fulfilled should these situations occur with your project.

***** FOR OFFICE USE ONLY *****

PROJECT OWNER _____ PROJECT # _____ .

PROJECT CLASSIFICATION: RECEIVING PERMIT CLERK - DATE/INITIALS _____ .

RECEIVING PUBLIC WORKS - DATE/INITIALS _____ .

MINOR _____ (2 DAYS) MAJOR _____ (7 DAYS) COMPLETION DATE _____ .

PROJECT TYPE: _____ .

CONSTRAINT REMARKS: _____ .

DEPARTMENT	FEE	FEE	SUBTOTALS	INITIALS & DATE
STREET	\$ Permit	\$ Install	\$	
WASTEWATER	\$ Tap	\$ *Impact	\$	
WATER	\$ Tap	\$ *Impact	\$	
CODE ENFORCEMENT				
WATER QUALITY CROSS CON. CONTROL				
CUSTOMER SERVICE				

TOTAL FEES \$ _____ .

* Impact fees are imposed to recoup costs of the amount of load (both water and wastewater) placed on the system by this project.

PROJECT COORDINATOR COMMENTS: _____ .

APPROVED

WADE WENDT (Coordinator) _____ DATE _____ .

LENERT KURTZ (Public Works Director) _____ DATE _____ .

NOT APPROVED (EXPLANATION) _____ .

NOTE: ALL FEES PAID AND REQUIREMENTS TO BE COMPLIED WITH BEFORE BUILDING PERMIT ISSUANCE. * PLEASE NOTE: THIS FORM IS VALID FOR 90 DAYS *****

I HAVE READ, ACKNOWLEDGE AND ACCEPT ALL INSERTS SUBMITTED BY PUBLIC WORKS.

CUSTOMER SIGNATURE _____ Date _____ .

ISSUING PERMIT CLERK SIGNATURE _____ Date _____ .