FORT BEND COUNTY WATER CONTROL & IMPROVEMENT DISTRICT NO. 2 **PROJECTS WITH NO WATER UTILITY WORK NOTIFICATION & CERTIFICATION** This form is applicable to projects meeting all

APPLICANT CONTACT INFORMATION

Contact Person

Phone No.

Email Address

Company Name

ADDRESS OF UTILITY ACCOUNT/LOCATION

OWNER CONTACT INFORMATION

Contact Person

Company Name

Phone No.

Email Address

Mailing Address

City

Zip Code

Date

Log No.

anv

three (3) of the following conditions:

plumbing or service lines.

service. 2. Project

1. Existing building or development with existing public water and sanitary sewer

does not include

construction, modification or changes to any internal or external building

3. No major changes to scope or use of building or development, such as commercial, food service, retail, etc.

must remain the same as previous use.

State

DETAILED DESCRIPTION OF WORK/PROJECT:

MUST BE COMPLETED BY THE OWNER/UTILITY ACCOUNT REPRESENTATIVE ON FILE WITH THE FORT BEND WC&ID NO. 2 RECORDS. COMPLETION BY CONTRACTOR OR CONSTRUCTION AGENTS ARE NOT ACCEPTABLE AND COULD DELAY WATER SERVICE CONNECTIONS.

By signing below, you acknowledge the referenced project has no modifications to the internal or external plumbing that could impact Fort Bend County W.C. & I.D. No. 2 water/sanitary sewer systems. If any type of modification is made to the referenced project/address to change the water/sanitary sewer lines construction activities shall cease and shall submit documents for the full approval process.

In accordance with TCEQ Rule 290.46, the District is required to complete a Customer Service Inspection (CSI) prior to providing continuous water service to premises. It is the builder's/owner's responsibility to notify the District when the building is ready to be inspected at least three (3) business days prior to occupancy.

Previous or Current Service Account No.

Signature of Owner/Owner Representative

FOR DISTRICT USE ONLY

Representative – Fort Bend County W.C. & I.D. No. 2

COMMENTS FROM FORT BEND COUNTY W.C. & I.D. NO. 2:



Company Name

Date