



**FORT BEND COUNTY WATER CONTROL & IMPROVEMENT DISTRICT NO. 2**  
**PROJECTS WITH NO WATER UTILITY WORK**  
**NOTIFICATION & CERTIFICATION**

**APPLICANT CONTACT INFORMATION**

_____	_____
<i>Contact Person</i>	<i>Company Name</i>
_____	_____
<i>Phone No.</i>	<i>Email Address</i>

**ADDRESS OF UTILITY ACCOUNT/LOCATION**

\_\_\_\_\_

**OWNER CONTACT INFORMATION**

_____	_____
<i>Contact Person</i>	<i>Company Name</i>
_____	_____
<i>Phone No.</i>	<i>Email Address</i>

_____	_____	_____	_____
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**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	Company Name	Date

**FOR DISTRICT USE ONLY**

_____	_____	_____
<i>Representative – Fort Bend County W.C. &amp; I.D. No. 2</i>	<i>Date</i>	<i>Log No.</i>

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

\_\_\_\_\_

\_\_\_\_\_