

CITY OF MILPITAS

Office of Building Safety
455 E. Calaveras Blvd.
Milpitas, CA 95035
408-586-3240
www.milpitas.gov

**SEWER NEEDS
INQUIRY**

(For Non-Residential Applicants)

Tenant Name: _____

Tenant Address: _____

Contact Person: _____ Phone #: _____

Description of work to be performed under this permit: _____

_____**Please answer each question listed below:**

	<u>Yes</u>	<u>No</u>
• Adding new plumbing fixtures?	<input type="checkbox"/>	<input type="checkbox"/>
• Adding new process equipment, which uses water?	<input type="checkbox"/>	<input type="checkbox"/>
• Expanding your facility?	<input type="checkbox"/>	<input type="checkbox"/>
• Creating a new shell space?	<input type="checkbox"/>	<input type="checkbox"/>
• Creating a new tenant space?	<input type="checkbox"/>	<input type="checkbox"/>
• Increasing the number of employees now or in the future?	<input type="checkbox"/>	<input type="checkbox"/>
• Changing the type of use of this space (for example from office to restaurant, medical office, gas station, manufacturing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
• Tenant new to this space?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above questions, please fill out the [Sewer Need Questionnaire](#).

The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. Additional treatment plant fees will be required if monitored flow exceeds estimate based on information contained herein.

Applicant Name: _____ Phone No. _____

Name (print): _____ Title: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Shell Address: _____ Building Permit #: _____