

Raw Water Service Connection Application

Coastal Water Authority
1801 Main Street, Suite 800
Houston, TX 77002-8120
Attn: Executive Director

Phone: (713) 658-9020
<http://www.coastalwaterauthority.org/>

REQUESTOR INFORMATION: *(Print or Type Only)*

Date _____

Individual Name _____ Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Site Location/Key Map (attach) _____

LEGAL NAME OF FACILITY OWNER REQUESTING RAW WATER SERVICE:

Company Name _____ Raw Water Use _____

Address _____ City _____ State _____ Zip Code _____

Authorized Representative: Name & Title _____

State requesting company is incorporated _____

SUBMITTAL REQUIREMENTS

All requestors must agree to comply with “**CWA Raw Water Service Connection Requirements – Revised September 2020**” and as amended periodically. If CWA facility relocation is required due to this request, the relocation(s) cost(s) will be borne by the requesting party and must be paid before the request is granted. The following documents will be issued per CWA property rights:

- Fee ownership: an easement will be prepared and executed by CWA
- An easement: A Consent to Encroach will be issued

It is the requestor’s responsibility to secure additional needed rights from parties where CWA's rights are limited or less than a fee simple ownership. The requestor must notify owners of other pipelines, communication lines or other third-party facilities located within CWA's grant to requestor.

FEE

The easement or consent to encroach fee is defined in the CWA Water Service Connection Requirements – Revised September 2020. **THE \$5,000.00 NON-REFUNDABLE ADMINISTRATIVE FEE MUST ACCOMPANY THE REQUEST SUBMITTAL.**

INDEMNIFICATION

BY SIGNING THIS APPLICATION, THE FACILITY OWNER REQUESTING WATER SERVICE IS LEGALLY BOUND BY THE INDEMNIFICATION AGREEMENT IN THE CWA Water Service Connection Requirements – Revised September 2020.

REQUESTS SUBMITTED WITHOUT THE REQUIRED APPLICATION FEE OR THAT DO NOT CONTAIN THE SPECIFIED INFORMATION, WILL NOT BE APPROVED. Deficiencies will be identified, and a revised package can be resubmitted.

The undersigned authorizes CWA to contact the Surveying firm that prepared the attachments and **certifies that the information provided is accurate and acknowledges that incomplete information may delay processing or invalidate this application.**

By: _____
Printed Name

Signature: _____

Title: _____



(revised September 2020)