

HELIX WATER DISTRICT

PLANNING FILE INFORMATION

DATE	PROJECT # <small>To be filled by HWD</small>
NAME OF PROJECT	AGENCY OF JURISDICTION
SITE ADDRESS	
FIRE DEPARTMENT	
APN #	
PROJECT DESCRIPTION	
COMMENTS	

OWNER/DEVELOPER NAME			
ADDRESS	CITY	STATE	ZIP
PHONE #	CONTACT NAME		
CONTACT E-MAIL		CONTACT CELL	

ENGINEERING COMPANY NAME			
ADDRESS	CITY	STATE	ZIP
PHONE #	CONTACT NAME		
CONTACT E-MAIL		CONTACT CELL	