

DATE
STAMP

RICHMOND PUBLIC WORKS PROJECT REQUIREMENT COORDINATION FORM

CONTACT: HOWARD CHRISTIAN • PUBLIC WORKS DIRECTOR • (281) 342-0559

PROJECT NAME/OWNER _____ ADDRESS _____ TEL.# _____

PROJECT ENGINEER _____ CONTACT PERSON _____ TEL.# _____

PROJECT ARCHITECT _____ CONTACT PERSON _____ TEL.# _____

PROJECT CONTRACTOR _____ CONTACT PERSON _____ TEL.# _____

LIST ALL WORK TO BE DONE (BE SPECIFIC) _____

PROPOSED START DATE _____

PLEASE PROVIDE US WITH ANY INFORMATION THAT APPLIES TO YOUR PROJECT:

- 1) STATUS OF PROJECT SITE (CHECK):
 _____ PREVIOUSLY UNOCCUPIED SITE _____ PREVIOUSLY OCCUPIED
- 2) HOW MANY PERSONS WILL BE OCCUPYING STRUCTURE? (IMPACT FEES) _____
- 3) WHICH UTILITY SERVICES WILL NEED TO BE INSTALLED TO YOUR SITE? CHOOSE CITY SERVICES NEEDED: Circle those that apply: WATER TAP/ SEWER TAP / DRIVEWAY INSTALLATION
- 4) PROVIDE A SKETCH OF THE SITE OR PLANS. INCLUDE ALL INFORMATION REQUIRED: DIRECTION OF NORTH, STREET NAMES, PROPERTY LINES, ETC. AND, EXISTING UTILITIES: WATER METER, SEWER LINE, DRIVEWAY. FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN PLAN REJECTION AND RETURN OF ALL PLANS.

*****FOR OFFICE USE ONLY*****

PROJECT NAME/ OWNER _____ PROJECT # _____

PROJECT CLASSIFICATION: RECEIVING PERMIT CLERK – DATE / INITIALS _____
RECEIVING PUBLIC WORKS – DATE / INITIALS _____

PROJECT TYPE: _____

REMARKS: _____

DEPARTMENT	FEES	FEES	SUB-TOTAL(S)	INITIALS & DATE
STREET	\$ Permit	\$ Install	\$	
WASTEWATER	\$ Tap	\$ Impact	\$	
WATER	\$ Tap	\$ Impact	\$	

TOTAL FEES \$ _____

APPROVED / NOT APPROVED (EXPLANATION) _____

NOTE: ALL FEES PAID AND REQUIREMENTS TO BE COMPLIED WITH BEFORE BUILDING PERMIT ISSUANCE. ***** PLEASE NOTE • THIS FORM IS VALID FOR 6 MONTHS *****
I HAVE READ, ACKNOWLEDGE AND ACCEPT ALL INSERTS SUBMITTED BY PUBLIC WORKS.

CUSTOMER SIGNATURE _____ DATE _____

ISSUING PERMIT CLERK SIGNATURE _____ DATE _____