



APPLICATION FOR REVIEW OF WATER & WASTEWATER PLAN SUBMITTAL

Internal Control Number: _____ Project Number: _____

1. Name of Project: _____

2. Project Location (Lot & Block): _____

Project Street Address (or range) _____

Zip Code: _____ Dona Ana County Parcel Account # _____

Jurisdiction: City of Sunland Park; OR Santa Teresa (Unincorporate area in Dona Ana County)

If property does not have address provide brief property description with direction and distance:

3. Engineering Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Person: _____ Email: _____

4. Agent/Principal contact: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Contact Person: _____

Email: _____

5. Owner: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Person: _____ Email: _____

6. Submittals required (check the applicable boxes for prints/copies being submitted):

- Water/Wastewater Plan(s)/Profile(s) (2 Sets 2x3), (USB)
- Plat (*If platting*)
- Site Plan
- Water and Wastewater Demand Estimate (*Required on plans*)
- All projects require the submission for approval or acquisition of appropriate water rights (report in AFY).
- _____

OWNER SIGNATURE: _____ DATE: _____

CRRUA Administration
4700 McNutt Rd. Sunland Park, NM 88063 - 575-589-1075
Regional Municipal Water and Wastewater Service Provider for Sunland Park and Santa Teresa New Mexico



SUBMITTAL VERIFICATION & INSPECTION AUTHORIZATION FORM:

I, the applicant and/or firm representative for this application, acknowledge the following: I understand that any inaccurate or incomplete information provided on this application may delay the processing of the application and may delay any scheduled public hearings. (SEE: CRRUA Development Review Fees and Plan Submittal Requirements for list of Utility Requirements when submitting plans)

- My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge.
- I understand that proper CRRUA staff review of this project is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay the proper review of this application and delay any scheduled public hearings.
- As owner or authorized agent, my signature authorizes staff to visit and inspect the property for which this application is being submitted.

Please sign below and indicate firm represented, if applicable.

Signature: _____ Date: _____

Name: _____

Firm: _____