



SAN BENITO COUNTY WATER DISTRICT

Water Capacity Fee Application Form

30 Mansfield Road, Hollister, CA 95023 (831) 637-8218 | www.sbcwd.ca.gov

SECTION 1: APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____

Phone Number _____

Email Address _____

SECTION 2: PROJECT INFORMATION

Project Name or Development Name _____

Project Address (APN if available) _____

Type of Development ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural

Number of Units or Buildings _____

Expected Water Use (AFY or GPD) _____

Description of Proposed Use _____

SECTION 3: WATER SERVICE DETAILS

New Meter Requested ☐ Yes ☐ No

Meter Size Requested ☐ ¾" ☐ 1" ☐ 1.5" ☐ 2" ☐ Other: _____

Connection Type ☐ Domestic ☐ Irrigation ☐ Fire ☐ Other: _____

SECTION 4: CAPACITY FEE CALCULATION

Description	Units	Rate (as of _____)	Total
Water Capacity Fee	_____	\$_____/meter	\$_____
Meter Installation Fee	_____	\$_____/size	\$_____
Other Applicable Charges	_____		\$_____

Total Amount Due: \$_____

(Fees are subject to change based on Board-approved rates. Please check current rates before submitting.)

SECTION 5: SIGNATURE AND ACKNOWLEDGEMENTS

By signing below, I certify that the information provided in this application is true and correct. I understand that capacity fees are non-refundable once paid and are required before water service activation or connection approval.

Applicant Signature: _____

Date: _____

FOR DISTRICT USE ONLY

Field	Notes
Application Received By	_____
Date Received	_____
Project Approved By	_____
Capacity Fee Paid (Date)	_____
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____
Date Meter Installed	_____
Meter Reading	_____
Account Number	_____