



SAN BERNARDINO VALLEY MUNICIPAL WATER DISTRICT ENCROACHMENT REVIEW INFORMATION FORM

Instructions: Please complete all of the information on this form and provide two(s) sets of all attachments and any other information that will be helpful in fulfilling your request. A PDF version of this form which allows the fields to be typed, is available online at http://www.sbvmd.com/doing_business_with_sbvmd. Please also review the District's *General Requirements* which are also available online at the same link. The District will assign a reviewer no later than 7 days following the date we receive this completed form.

ENCROACHMENT REVIEW PROCESS:

<p>STEP 1: PROJECT OWNER COMPLETES AND SUBMITS THE ENCROACHMENT REVIEW INFORMATION FORM (http://www.sbvmd.com/doing_business_with_sbvmd/).</p> <p>STEP 2: REVIEWER AND ENCROACHMENT NUMBER ASSIGNED. The District will assign a person to review the encroachment and an encroachment number within 7 calendar days of receipt of the Encroachment Review Information Form. The Owner will be notified, in writing, of the encroachment name, encroachment number and the contact information for the reviewer.</p> <p>STEP 3: DISTRICT RESPONSE #1. District will respond to the Owner within 21 calendar days from the receipt of the Encroachment Review Information Form.</p> <p>STEP 4: OWNER RESUBMITTAL #2 (if necessary). Owner will submit revised project information which addresses the District's review comments. Additional submittals will be requested until all of the District's comments have been incorporated into the plans.</p> <p>STEP 5: DISTRICT RESPONSE #2 (if necessary). District will respond to the Owner within 14 calendar days from the receipt of Owner Resubmittal #2.</p> <p>APPROVAL. Once the District approves of the project, a written letter of approval will be provided to the Owner.</p>
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TYPE OF PROJECT:

- New development
- Site renovation
- Utility crossing
- Other

CONTACT INFORMATION:

Your Name	Your Company Name	Phone Number	Email
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Mailing address

CLIENT CONTACT INFORMATION: (If you are a consultant, please provide the name and contact information for your client)

Client Name	Client Company Name	Phone Number	Email
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Mailing address

ENCROACHMENT INFORMATION:

Location:

General Project location from
San Bernardino & Riverside
Counties Thomas Guide®

Page Number _____
Grid letter _____
Grid number _____

APN _____
Street Address _____
Cross Street(s) _____

Please provide more detailed information
about the project location, if needed.

Description (Please see attached General Requirements for required submittals):

Please describe your encroachment.
Be as specific as possible.
(Attach applicable documents: civil
and structural plans, calculations
project specifications, etc.)

Schedule:

Please provide a general schedule for
your overall project and encroachment.
(Attach additional sheets if necessary)

Additional Information:

Do you have the necessary entitlements and permits to begin construction?
If yes, attach a copy of all existing entitlements and permits.
If no, please provide an explanation below.

Yes
 No
 N/A

FOR DISTRICT USE ONLY		
Reviewer	Encroachment Number	Encroachment Name
Facility Name:	_____	
STA (begin):	_____	
STA (end):	_____	
Drawing number(s):	_____	
Easement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO