

App. # _____

Permit. # _____

(for BCPUD use)

BOLINAS COMMUNITY PUBLIC UTILITY DISTRICT

Application for a Limited Water Use Permit

DATE: 5/30/23

NAME OF APPLICANT: Bolinas Community Land Trust

ADDRESS OF APPLICANT: PO Box 885, Bolinas, CA 94924

ASSESSOR'S PARCEL #: 108-170-11 Date of Issuance of MARIN COUNTY BUILDING PERMIT: Bldg. permit is conditional on LWUP.

TYPE OF CONSTRUCTION: New construction.

DESCRIPTION OF PROJECT (BE SPECIFIC):
EMERGENCY TEMPORARY RV TRAILER PARK

(use reverse side or additional sheets if necessary)

APPLICANT'S SIGNATURE: *Ann Sh*

do not write below this line

APPLICANT'S BCPUD ACCOUNT NUMBER: _____ METER #: _____

TOTAL CUBIC FEET REGISTERED BY METER FOR THE MOST RECENT TWELVE (12) COMPLETED QUARTERS PRIOR TO THE FILING OF THIS APPLICATION: _____ AVERAGE QUARTERLY USAGE: _____

DISPOSITION: GRANTED _____
DENIED _____

MAXIMUM QUARTERLY WATER USE LIMIT: _____

REASONS FOR DENIAL (IF APPLICABLE):

Signature of BCPUD officer: _____ Date: _____
title: _____