

**MONTEREY PENINSULA WATER MANAGEMENT DISTRICT  
NON-RESIDENTIAL WATER RELEASE FORM AND WATER PERMIT APPLICATION**

**NOTE: When approved and signed by the Jurisdiction this form must be submitted with final and complete Construction Plans to:**

Monterey Peninsula Water Management District Permit Office  
5 Harris Court, Bldg. G ~ Monterey, CA 93940 ~ (831) 658-5601 ~ [www.mpwmd.net](http://www.mpwmd.net) ~ Fax (831) 644-9558  
Completing the Water Release Form & Water Permit Application does not guarantee issuance of a Water Permit.

**ALL SPACES BELOW MUST BE COMPLETED OR THE APPLICATION MAY NOT BE PROCESSED. (Please print firmly)**

**1. OWNERSHIP INFORMATION:**

Name: \_\_\_\_\_  
Daytime telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**2. AGENT/REPRESENTATIVE INFORMATION:**

Name: \_\_\_\_\_  
Daytime telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**3. PROPERTY INFORMATION:**

Year building was constructed? \_\_\_\_\_ Existing Square-footage \_\_\_\_\_ Proposed Square-footage \_\_\_\_\_  
Address: \_\_\_\_\_ Assessor Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Water company serving parcel: \_\_\_\_\_ Is a water meter needed? (Circle one) YES/ NO (How Many \_\_\_\_\_)  
*NOTE: Separate water meters are required for each User.*

**4. Type of Non-Residential Use:** \_\_\_\_\_

**5. Project Description (Be thorough and detailed):** \_\_\_\_\_

**Any change in Use/Expansion of Use requires a Water Permit. Deed Restriction Required for all Water Permits. Mandatory Retrofit Upon Expansion of Use.**

**Table No. 1**

**Existing Group I (All Uses before project)**

Type of Use	Quantity	Factor	Use/AF
Auto Uses	_____	x 0.00007	= _____
Bank	_____	x 0.00007	= _____
Convenience Store	_____	x 0.00007	= _____
Church	_____	x 0.00007	= _____
Dental/Medical/Vet Clinic	_____	x 0.00007	= _____
Dry Cleaner (No on-site laundry)	_____	x 0.00007	= _____
Family Grocery	_____	x 0.00007	= _____
Fast Photo	_____	x 0.00007	= _____
Gym	_____	x 0.00007	= _____
Nail Salon	_____	x 0.00007	= _____
Office	_____	x 0.00007	= _____
Retail	_____	x 0.00007	= _____
School	_____	x 0.00007	= _____
Supermarket	_____	x 0.00007	= _____
Warehouse	_____	x 0.00007	= _____
Tasting Room	_____	x 0.00007	= _____

**Table No. 2**

**Post Project Group I (All Uses after project)**

Type of Use	Quantity	Factor	Use/AF
Auto Uses	_____	x 0.00007	= _____
Bank	_____	x 0.00007	= _____
Convenience Store	_____	x 0.00007	= _____
Church	_____	x 0.00007	= _____
Dental/Medical/Vet Clinic	_____	x 0.00007	= _____
Dry Cleaner (No on-site laundry)	_____	x 0.00007	= _____
Family Grocery	_____	x 0.00007	= _____
Fast Photo	_____	x 0.00007	= _____
Gym	_____	x 0.00007	= _____
Nail Salon	_____	x 0.00007	= _____
Office	_____	x 0.00007	= _____
Retail	_____	x 0.00007	= _____
School	_____	x 0.00007	= _____
Supermarket	_____	x 0.00007	= _____
Warehouse	_____	x 0.00007	= _____
Tasting Room	_____	x 0.00007	= _____

**Existing Group II (All Uses before project)**

*Users in this category prepare and sell food or beverages that are served on disposable tableware.*

Type of Use	Quantity	Factor	Use/AF
Bakery	_____	x 0.0002	= _____
Bar (ABC License-Indoor/Outdoor)	_____	x 0.0002	= _____
Catering	_____	x 0.0002	= _____
Coffee House	_____	x 0.0002	= _____
Deli	_____	x 0.0002	= _____
Ice Cream Shop/Sandwich Shop	_____	x 0.0002	= _____
Pizza	_____	x 0.0002	= _____
Dry Cleaner (with on-site laundry)	_____	x 0.0002	= _____

**Post Project Group II (All Uses after project)**

Type of Use	Quantity	Factor	Use/AF
Bakery	_____	x 0.0002	= _____
Bar (ABC License-Indoor/Outdoor)	_____	x 0.0002	= _____
Catering	_____	x 0.0002	= _____
Coffee House	_____	x 0.0002	= _____
Deli	_____	x 0.0002	= _____
Ice Cream Shop/Sandwich Shop	_____	x 0.0002	= _____
Pizza	_____	x 0.0002	= _____
Dry Cleaner (with on-site laundry)	_____	x 0.0002	= _____

**Existing Group III (All Uses before project)**

Type of Use	Quantity	Factor	Use/AF
Assisted Living (more than 6 beds)	_____	x 0.085 bed	= _____
Beauty Shop /Dog grooming	_____	x 0.0567 station	= _____
Child/Dependent Adult Day Care	_____	x 0.0072 child	= _____
Dormitory	_____	x 0.040 room	= _____
Laundromat	_____	x 0.20 machine	= _____
Meeting Hall/Banquet Room	_____	x 0.00053 sf	= _____
Motel/Hotel/Bed & Breakfast	_____	x 0.1 room	= _____
w/Large Tub (add to room)	_____	x 0.03 tub	= _____
w/Each Showerhead beyond one	_____	x 0.02 per head	= _____
Irrigated area (within 10 ft. of bldg.)	_____	x ETWU	= _____
Plant Nursery	_____	x 0.00009 sf	= _____
Public Toilet	_____	x 0.058 toilet	= _____
Public Urinal	_____	x 0.036 urinal	= _____
Zero Water Consumption Urinal	_____	no value	= _____
Restaurant (Includes Bar/Brewpub Seat)	_____	x 0.02 seat	= _____
Ext. Seats above Allowance	_____	x 0.01 seat	= _____
Ext. Seats within Allowance	_____	x No value	= _____
Restaurant (24-Hour and Fast Food)	_____	x 0.038 seat	= _____
Self-Storage	_____	x 0.0008 unit	= _____
Skilled Nursing/Alzheimer's Care	_____	x 0.120 bed	= _____
Spa	_____	x 0.05 spa	= _____
Swimming Pool (each 100 sq-ft of pool surface)	_____	x 0.02 sf	= _____
Theater	_____	x 0.0012 seat	= _____
<b>EXISTING Quantity</b>		<b>TOTAL</b>	<b>= _____</b>

**Post Project Group III (All Uses after project)**

Type of Use	Quantity	Factor	Use/AF
Assisted Living (more than 6 beds)	_____	x 0.085 bed	= _____
Beauty Shop/Dog Grooming	_____	x 0.0567 station	= _____
Child/Dependent Adult Day Care	_____	x 0.0072 child	= _____
Dormitory	_____	x 0.040 room	= _____
Laundromat	_____	x 0.20 machine	= _____
Meeting Hall/Banquet Room	_____	x 0.00053 sf	= _____
Motel/Hotel/Bed & Breakfast	_____	x 0.1 room	= _____
w/Large Tub (add to room)	_____	x 0.03 tub	= _____
w/Each Showerhead beyond one	_____	x 0.02 per head	= _____
Irrigated area (within 10 ft. of bldg.)	_____	x ETWU	= _____
Plant Nursery	_____	x 0.00009 sf	= _____
Public Toilet	_____	x 0.058 toilet	= _____
Public Urinal	_____	x 0.036 urinal	= _____
Zero Water Consumption Urinal	_____	no value	= _____
Restaurant (Includes Bar/Brewpub Seat)	_____	x 0.02 seat	= _____
Ext. Seats above Allowance	_____	x 0.01 seat	= _____
Ext. Seats within Allowance	_____	x No Value	= _____
Restaurant (24-Hour and Fast Food)	_____	x 0.038 seat	= _____
Self-Storage	_____	x 0.0008 unit	= _____
Skilled Nursing/Alzheimer's Care	_____	x 0.120 bed	= _____
Spa	_____	x 0.05 spa	= _____
Swimming Pool (each 100 sq-ft of pool surface)	_____	x 0.02	= _____
Theater	_____	x 0.0012 seat	= _____
<b>PROPOSED Quantity</b>		<b>TOTAL</b>	<b>= _____</b>

**Group IV – Modified Uses**

Reduced water Capacity from types of uses listed in Groups I-III and have received a Water Use Credit for modifications

**New Connections – Refer to District Rule 24-B-2 “Exterior Non-Residential Water Demand Calculations”**

**PROPOSED WATER USAGE (DIFFERENCE BETWEEN EXISTING USE –POST PROJECT USE)**

*(Jurisdiction must authorize water for positive result)*

In completing this Water Release Form, the undersigned (as owner or as agent for the property owner) acknowledges that any discrepancy or mistake may cause rejection or delay in processing of the application. Additionally, the undersigned is responsible for accurately accounting for the type of Non-Residential use. Changes of Use or Expansions completed without a Water Permit may result in additional fees and penalties, the imposition of a lien on the property, and the deduction of water from the local Jurisdiction's Allocation.

**I certify, under penalty of perjury, that the information provided on this Water Release Form & Permit Application is to my knowledge correct, and the information accurately reflects the changes presently planned for this property.**

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR WATER PERMIT – JURISDICTION USE ONLY**

\_\_\_\_\_ AF Paralta Allocation \_\_\_\_\_ AF Public Credits \_\_\_\_\_ AF Pre-Paralta Credits \_\_\_\_\_ WDS (Private Well) \_\_\_\_\_ No water needed \_\_\_\_\_ Entitlement

Notes: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

This form expires on the same date as any discretionary or building permit issued for this Project by the Jurisdiction

