

WYLIE NORTHEAST SPECIAL UTILITY DISTRICT  
P.O. Box 1029  
745 Parker Road  
Wylie, Texas 75098  
(972) 442-2075

**NONSTANDARD SERVICE APPLICATION**

Date: \_\_\_\_\_

NAME OF PROPOSED DEVELOPMENT: \_\_\_\_\_

Maximum Number of Lots: \_\_\_\_\_ Standard Lot Size: \_\_\_\_\_

NAME OF APPLICANT/DEVELOPER: \_\_\_\_\_

Name & Title of Person Completing Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

NAME OF ENGINEERING FIRM: \_\_\_\_\_

Responsible Engineer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: (State or Attach) \_\_\_\_\_

TYPE OF DEVELOPMENT: (Check all that apply)

- Residential Subdivision     Apartments     Manufactured Home Park     RV Park  
 Commercial/Industrial Park     Other Large Meter Applicant (>3/4" Meter)

SPECIAL SERVICE NEEDS: \_\_\_\_\_

ADDITIONAL INFORMATION:

1. Is the property located in the corporate limits or ETJ of a municipality? . Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide the name of the municipality: \_\_\_\_\_
2. Are additional phases planned for this development? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

REQUIRED ATTACHMENTS: Please indicate whether the following items are attached:

- 1. Three (3) copies of the preliminary plat . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Three (3) copies of the final plat . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Three (3) copies of the water utility/line extension plans . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. A location map of the proposed development . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. A check in the amount of the estimated Service Investigation Fee . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

All information provided to the district under an application for nonstandard service shall be considered public information and will be made available for inspection and copying. Any person who submits information under such an application consents to the inspection and copying of that information.

This application must be completed by the Applicant only. The district will take no action related to the above-described development until this application is complete. A signed application will be considered complete only after the district has received all required attachments, including a valid check in the amount of the estimated Service Investigation Fee. Please contact the General Manager to obtain the estimated amount of the Service Investigation Fee.

**I CERTIFY, AS THE APPLICANT OR AS AN AUTHORIZED REPRESENTATIVE ON BEHALF OF THE APPLICANT, THAT THE FOREGOING REPRESENTATIONS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.**

**SIGNED** \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**FOR ADMINISTRATIVE USE**

SERVICE INVESTIGATION FEE:

Est. Amount \_\_\_\_\_ Check # \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

MISSING ATTACHMENTS:

\_\_\_\_\_  
 Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Received: \_\_\_\_\_ By: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_