

**LEUCADIA WASTEWATER DISTRICT**

**APPLICATION FOR SEWER PLAN CHECK AND CONSTRUCTION PERMIT**

**Name of District:** Leucadia Wastewater District      **Location Code** \_\_\_\_\_  
1960 La Costa Avenue  
Carlsbad, Ca 92009  
760-753-0155 Telephone  
760-755-3194 Facsimile

**Name of Applicant:** \_\_\_\_\_

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

Assessor Parcel No.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name and/Or Description of Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Location:** \_\_\_\_\_

\_\_\_\_\_

**Contractor:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Engineer:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Dated:** \_\_\_\_\_