

Porter Special Utility District

22162 Water Well Road Porter, Texas 77365 Office: (281) 354-5922 Fax: (281) 354-5050

DEVELOPMENT APPLICATION

Name of Development:	
Applicant's Name:	
Applicant's Address:	
Telephone Number:	
Email Address:	
Applicant's Signature:	Date:

The Applicant agrees to compensate/reimburse the Porter Special Utility District (the "District") for any and all costs related to this development project. This will include, but is not limited to, responding to inquiries concerning this development's effect on the District, preparing an engineering feasibility study, acquiring easements, performing engineering plan review and comments, developing and producing exhibits, responding to inquiries as to location of water infrastructure or system extension requirements, inspection of District facilities under construction, preparing developer agreements, and responding to questions. The compensation to the District will be costs the District would not have incurred if the request had not been made by the Applicant.

The Applicant agrees to pay the deposit amount stated below. During the project, the Applicant will be invoiced by the District for the costs incurred by the District during the preceding month(s). Invoices are due upon receipt. If an invoice goes unpaid for a period greater than 30 days, the District will immediately cease all activities related to the development until the outstanding invoices have been paid-in-full. Once the development has been completed, been granted final acceptance by the District, and all costs have been paid to the District, the deposit will be refunded to the Applicant.

Description of Proposed Development Project:				
(including development r	ame, address/location, f	iling, lot numbers, Latitude/Longitude		
coordinates, and a brief d	escription of the propose	ed project)		
Development Size	Deposit Amount			
Less than 0.5 acre	\$750			
0.5 to 1 acre	\$1,500			
1 to 5 acres	\$2,500			
5 to 10 acres	\$5,000			
10 to 20 acres	\$10,000			
Over 20 acres	\$15,000			
Please contact the Distric	t if you have questions.	We look forward to working with you.		
Porter Special Utility D	istrict			
Torter special centry D				
Received by:				
Date Received:				
Amount Paid:				

Paid with: ☐ Cash ☐ Credit Card ☐ Check #_____