



County of San Diego, Planning & Development Services
PROJECT FACILITY AVAILABILITY - WATER
ZONING DIVISION

Please type or use pen

Kautilya Lanba Owner's Name	206-326-0000 Phone		ORG _____	W
1635 Tecalote Dr Owner's Mailing Address	Street		ACCT _____	
Fallbrook City	CA 92028 State Zip		ACT _____	
			TASK _____	
			DATE <u>5/9/2024</u> AMT \$ <u>250</u>	

DISTRICT CASHIER'S USE ONLY

SECTION 1. PROJECT DESCRIPTION	TO BE COMPLETED BY APPLICANT								
<p>A. <input checked="" type="checkbox"/> Major Subdivision (TM) <input type="checkbox"/> Specific Plan or Specific Plan Amendment <input type="checkbox"/> Minor Subdivision (TPM) <input type="checkbox"/> Certificate of Compliance: _____ <input type="checkbox"/> Boundary Adjustment <input type="checkbox"/> Rezone (Reclassification) from _____ to _____ zone. <input type="checkbox"/> Major Use Permit (MUP), purpose: _____ <input type="checkbox"/> Time Extension...Case No. _____ <input type="checkbox"/> Expired Map...Case No. _____ <input type="checkbox"/> Other _____</p> <p>B. <input checked="" type="checkbox"/> Residential Total number of dwelling units <u>6</u> <input type="checkbox"/> Commercial Gross floor area _____ <input type="checkbox"/> Industrial Gross floor area _____ <input type="checkbox"/> Other Gross floor area _____</p> <p>C. <input type="checkbox"/> Total Project acreage <u>23.21</u> Total number of lots <u>6</u></p> <p>D. Is the project proposing the use of groundwater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the project proposing the use of reclaimed water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">Owner/Applicant agrees to pay all necessary construction costs, dedicate all district required easements to extend service to the project and COMPLETE ALL CONDITIONS REQUIRED BY THE DISTRICT.</p> <p>Applicant's Signature: <u>Kay Lanba</u> Date: <u>4/9/24</u> Address: <u>1635 Tecalote Dr, Fallbrook, CA 92028</u> Phone: <u>206-326-0000</u></p>	<p style="text-align: center;">Assessor's Parcel Number(s) (Add extra if necessary)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">108-170-19</td><td style="width: 50%;"></td></tr> <tr><td>108-170-28</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table> <p>Thomas Guide Page _____ Grid _____</p> <p>NEC of Crest Heights and Vista Valle Camino Project address _____ Street _____ <u>Fallbrook</u> _____ 92028 Community Planning Area/Subregion _____ Zip _____</p>	108-170-19		108-170-28					
108-170-19									
108-170-28									
(On completion of above, present to the district that provides water protection to complete Section 2 below.)									

SECTION 2: FACILITY AVAILABILITY	TO BE COMPLETED BY DISTRICT
<p>District Name: <u>Rainbow Municipal Water District</u> Service area <u>Rainbow / Fallbrook</u></p> <p>A. <input checked="" type="checkbox"/> Project is in the district. <input type="checkbox"/> Project is not in the district but is within its Sphere of Influence boundary, owner must apply for annexation. <input type="checkbox"/> Project is not in the district and is not within its Sphere of Influence boundary. <input type="checkbox"/> The project is not located entirely within the district and a potential boundary issue exists with the _____ District.</p> <p>B. <input type="checkbox"/> Facilities to serve the project <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT reasonably expected to be available within the next 5 years based on the capital facility plans of the district. Explain in space below or on attached _____. (Number of sheets) _____ <input type="checkbox"/> Project will not be served for the following reason(s): _____</p> <p>C. <input type="checkbox"/> District conditions are attached. Number of sheets attached: _____ <input type="checkbox"/> District has specific water reclamation conditions which are attached. Number of sheets attached: _____ <input checked="" type="checkbox"/> District will submit conditions at a later date.</p> <p>D. <input type="checkbox"/> How far will the pipeline(s) have to be extended to serve the project? _____</p> <p>This Project Facility Availability Form is valid until final discretionary action is taken pursuant to the application for the proposed project or until it is withdrawn, unless a shorter expiration date is otherwise noted.</p> <p>Authorized Signature: <u>Chad A Williams</u> Print Name <u>Chad Williams</u> Print Title <u>Engineering & CIP Manager</u> Phone <u>(760)-728-1178</u> Date <u>5/13/2024</u></p> <p style="text-align: center;">NOTE: THIS DOCUMENT IS NOT A COMMITMENT OF SERVICE OR FACILITIES BY THE DISTRICT On completion of Section 2 and 3 by the District, applicant is to submit this form with application to: Planning & Development Services – Zoning Counter, 5510 Overland Ave, Suite 110, San Diego, CA 92123</p>	