BOIS D'ARC MUNICIPAL UTILITY DISTRICT (THE DISTRICT)

14101 E. FM 1396 Honey Grove, TX 75446 Tel: (903) 378-7361

NON-STANDARD SERVICE APPLICATION

1. Is the property located in the corporate limits or ETJ of a municipality? Yes No Provide the name/specify city and if in limits or ETJ: 2. Are additional phases planned for this development? Yes If yes, please explain:_____ **REQUIRED ATTACHMENTS** One (1) paper copy and 1 electronic PDF copy of the preliminary plat signed and sealed by a licensed surveyor or registered professional engineer One (1) paper copy and 1 electronic PDF copy of the preliminary plat signed and sealed One (1) paper copy and 1 electronic PDF copy of the water utility / line extension plans One (1) paper copy or 1 electronic PDF copy of the location map o the proposed development Copy of filed deed showing ownership: (ex: Special Warranty Deed with Vendor's Lein, General Warranty Deeds, etc.: Deed of Trusts are not acceptable). Description of improvements the Applicant proposes to build A proposed calendar of the design, plant approval, construction phasing and initial occupancy Applicant's projected demand for water service when the development is fully built-out and occupied A projected schedule of the build-out and of associated water demand during the build-out For development in phases, a map depicting the currently estimated location of each phase Letter from the County/City stating fire protection requirements Copy of irrigation plans For development in phases, the Applicant must specify the level and manner of service and estimated time frame for each phase A copy of any previous nonstandard service requests of contracts relating to early phases of the Development, including any correspondence or other relevant documents.

ADDITIONAL INFORMATION REQUIRED TO DETERMINE LEVEL AND MANNER OF SERVICE:

All information provided to the District under an application for non-standard 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 (1) all of the additional information required to determine the level and manner of service for the proposed development and (2) a valid check for the Service Investigation Fee in the amount of \$2,500.00. By signing this application, you acknowledge that this document is ONLY an application and the payment amount of \$2,500.00 is only for the Service Investigation Fee. The initial \$2,500.00 is non-refundable regardless of the final amount incurred to determine the needs of the requested project. Depending on the size and complexity of the proposed project the Service Investigation Fees incurred by the District Engineer, District personnel and District Attorney can exceed the initial \$2,500.00 payment. Any additional amounts over \$2,500.00 incurred by the District for the above services will be invoiced to the client monthly with all documentation to support the additional charges. Failure to pay any outstanding invoices over 30 days old without prior authorization from the District will result in a stop work order to our Engineering firm and Attorney for this project. Additionally, the District may/can pursue payment of past due bills through legal means when necessary.

Please be advised the hydraulic analysis performed by the District's Engineer will only be good for six (6) months from the date of the Engineer's approval letter.

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

SIGNATURE	TITLE:	
FOR DIS	TRICT USE ONLY	
SIGNED APPLICATION RECEIVE BY DISTRICT	on, 20, by	
SERVICE INVESTIGATION FEE:		
Amount:	Check #	
Date Paid:	Received By:	
Map Sheet#:	Between Nodes:	
LIST MISSING ATTACHMENTS:		
	Date Received:	By:
	Date Received:	By:
	Date Received:	By:
COMMENTS:		-