

# PERMANENT

Project Name: \_\_\_\_\_



## Capacity Plan Permanent Shed Shift Request Form

**Expansion Area**

**Relief Area** Note: (Capacity Plan does not have cost estimates or plan & profiles)

*Originator:	Date:
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Requested change:
Describe related facilities: (Pump station, storage tank force main, trunks, etc.)

Reason for change:
List of Trunk Sheds Impacted:
Summary of Total Cost Impact to District, Total change in PWWF, Acreage, ESDs:

\* Originator completes this side of the form.

**PERMANENT**

Project Name: \_\_\_\_\_

**This side of the form is for DEPARTMENTAL USE ONLY:***Note: Attach modeling results before forwarding to sections 2, 3, and 4.*

		Initials	Recommend Approval (✓)	Recommend Denial (✓)
<b>1</b>	<b>Capacity Management</b>			
<b>2</b>	<b>Design Engineering</b>			
<b>3</b>	<b>SRCS</b>			
<b>4</b>	<b>Development Services</b>			

Reason for recommending denial:
Other comments:

**This box to be completed by Section 4: (Development Services)**

Change <input type="checkbox"/> approved <input type="checkbox"/> denied BY: _____	Date: _____
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