

Doña Ana Mutual Domestic Water Consumers Association Mailing Address: P.O. Box 866 • Doña Ana, NM • 88032 Physical Address: 5535 Ledesma Dr • Las Cruces, NM 88007 (575) 526-3491 Office • (575) 526-9306 Fax

## **Subdivision Review Request Form**

Subdivision Name:	
Developer:	
Design Engineering Firm	
Subdivision Location:	
Submittal Date:	
your submittal within 45 days times when the review proces note that all plan sets must be Engineer. Only complete plan	Initial s. However, please be aware that there are s may take longer than 45 days. Please stamped by a New Mexico Licensed a sets will be reviewed. We look forward to odivision. ALL FEES AND WATER ED ARE DUE UPON FIRST
Subdivision Type:	Commercial Residential
Utilities to be Reviewed	Water Wastewater
Cover Letter Included?	Yes No
2 Full Size Hard Copies Provided?	Yes No
1 PDF Set Provided?	Yes No
Review Number?	1st 2nd 3rd
Total Number of Lot:	

Any development proposing to connect to the Association shall be required to transfer ownership of sufficient water rights to meet the needs of the subdivision. The water rights transferred to the Association must be groundwater rights with a priority date not later than 1960 in the amount of ½ of an acre foot per year (consumptive use) for each house, single family residential lot, or residential unit (i.e. within multiple unit apartments, etc.) sought to be served by Dona Ana Mutual Domestic Water Consumers Association. The Association shall determine on a case by case basis, the water rights conveyance requirement for commercial, industrial or similar type of use other than residential, that is proposed to be served by the Association, if it has the ability to serve such commercial or industrial uses.

Water Rights		
Priority Date:		
LRG File Number:		
Name (Print):		
Signature:		
Date:		
Received by:		
Water OR Wastewater Only	Up to 24 Lots \$1,000	
Subdivision with 25+ lots	\$15 per additional lot	
Water AND Wastewater	Upt to 24 Lots \$1,600	
Subdivision with 25+ lots	\$20 per additional Lot	
All fees are subject to 5% gross receipt tax		
Total Fee Due:	\$	
Paid:	Cash Check #:	

PLANS WILL NOT BE REVIEWED UNTIL FEES HAVE BEEN PAID IN FULL.