



APPLICATION FOR PLUMBING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: _____ Case #: _____

Unit/Floor: _____ Zip: _____ RESIDENTIAL COMMERCIAL Date: _____

Description of Work: _____

IS ANY EQUIPMENT ON EXTERIOR OF STRUCTURE? NO YES If yes, then approval of equipment location is required.

CONTACT PERSON/AGENT: _____ Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

CONTRACTOR: _____ **COMPANY NAME** Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

State License No.: _____ Email: _____ Zip: _____

PROPERTY OWNER /TENANT: _____ Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

QTY	FIXTURE COUNT	FEE	QTY	FIXTURE COUNT	FEE
	BATHTUB			WATER HEATER	
	SHOWER			LAWN SPRINKLER CONTROL VALVE	
	TUB / SHOWER			WATER SERVICE (install / repair / alter)	
	LAVATORY			WATER PIPING / REPIPE PER UNIT	
	TOILETS			DRAINAGE OR VENT PIPING (repair / alter)	
	WATER HEATER			WATER TREATING EQUIPMENT	
	KITCHEN SINK			HEATER SYSTEM PRESSURE REGULATOR	
	WASHING MACHINE			GREASE / SAND INTERCEPTOR	
	GARBAGE DISPOSAL			INDUSTRIAL WASTE PRETREATMENT	
	DISHWASHER			INTERCEPTOR (including vent)	
	LAUNDRY TRAY			VACUUM BREAKERS	
	FLOOR / SLOP SINK			BACKFLOW PROTECTIVE DEVICE	
	FLOOR DRAIN			OTHER FIXTURES:	
	URINAL				
	BAR SINK			EARTHQUAKE SHUT OFF VALVE	
	DRAIN TRAP PRIMERS			GAS SYSTEMS - separately metered	
	DENTAL CUSPIDORS			How many systems?	
	WASTE & VENT			Number of Outlets?	
	BUILDING SEWER (new / replacement)				
	SEWER CAP				
	ON-SITE SEWER MANHOLE				
	SUMP PUMP / SEWER EJECTOR			SUB-TOTAL	
	PRIVATE SEWAGE DISPOSAL SYSTEM			PROCESSING FEE	
	RAIN WATER SYSTEM (per drain)			TOTAL	

I certify that I have filled out this application completely and state that the above information is correct.

SIGN BELOW

Applicant's Signature: _____ Date: _____

* OFFICE USE ONLY				OVER THE COUNTER APPROVALS			
BUILDING	n / c	ZONING APPROVAL	n / c	D & HP APPROVAL	n / c	FIRE	n / c

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number: _____ License Class _____

Contractor: _____ Date: _____

I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting my professional capacity (Section 7051, Business and Professions Code).

License/Registration Number: _____ Date: _____

OWNER - PLEASE FILL OUT COMPLETELY IN INK.

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

SIGN BELOW

Applicant: _____ Date: _____

CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following:

I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by section 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

I have and will maintain workers' compensation insurance, as required by Section 370.0 of the Labor Code, for the performance of the work for which this permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars (\$100) or less); or

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

SIGN BELOW

Applicant: _____ Date: _____

*WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, C)

Lender's Name: _____

Lender's Address: _____

I certify that I have read this application and state that the above information is correct, I agree to comply with all city ordinances and State laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** _____