



**Central Contra Costa
Sanitary District**

5019 Imhoff Place
Martinez, California
94553-4392

Permits: 925-229-7371
Fax: 925-689-7259

permits@centralsan.org

Non-Residential Application for Sanitary Sewer Service

Today's Date: _____ Date Paid: _____ Receipt #: _____

| | | | |
|-----------------------|--------------------|-------------------|------------|
| CCCSD Use Only | App # _____ | Job # _____ | Grid _____ |
| | Location ID _____ | Zone _____ | MU # _____ |
| | Annex _____ | Add. Burden _____ | |
| | RUEs (total) _____ | Credit Used _____ | |

Received by: _____

Description of Property

Assessor Parcel No. (APN) _____ Old APN _____

Address _____ Suite # _____

City _____ State _____ ZIP _____

Project Information

- New Building
 Shell
 Building Addition
 Tenant Improvement
 Other

Describe _____

| Owner <input type="checkbox"/> Applicant | Contractor <input type="checkbox"/> Applicant |
|--|---|
|--|---|

Name _____

Address _____

City/State _____ ZIP _____

Phone # (____) _____ Fax # (____) _____

E-mail _____

Name _____

Company _____

Lic # _____ Class _____

Address _____

City/State _____ ZIP _____

Phone # (____) _____ Fax # (____) _____

E-mail _____

Applicant (if different from above)

Name _____ Company _____

Architect
 Engineer
 Other _____ Lic # _____

Address _____ ZIP _____

Phone # (____) _____ Fax # (____) _____ E-mail _____

Tenant Information

New Business Name _____

Business Owner _____

Address _____

City _____ State _____ ZIP _____

Contact: Last Name _____ First Name _____

E-mail _____ Phone # (____) _____

Type of Business _____

Total Sq. Ft. Added by this Project _____ Total Business Sq. Ft. _____

Anticipated Completion / Occupancy Date _____

Former Business Name (if applicable) _____

Additional Project Notes

As the applicant of this project, I agree to the following:

- 1) The Owner of the above mentioned property is aware and authorizes the submittal of this permit application.
- 2) The information and statements given on this application, drawings and specifications are true and correct to the best of my knowledge.



Applicant's PRINTED name _____

Applicant's Signature _____

Date _____

CCCSD Use ONLY

Application Received by: _____ Date: _____

Date Routed to Source Control: _____

Date Routed for Fee Review: _____

Source Control Review By: _____

Fee Review By: _____

Date: _____

Date: _____

SSC\$ _____ LID _____ CID _____

SB Update By _____