

Residential **Application for Wastewater Utility Service**

Central Contra Costa Sanitary District

5019 Imhoff Place Martinez, California 94553-4392

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

nly	Today's Date:	Date Paid:	
CCCSD Use Only	App #	Job #	Grid
SD U	Location ID	Zone	
၁၁၁	Annex	SB	

permits@centralsan.org Received by:						
Description of Property (Use Reverse Side if Multiple Addresses)						
Assessor Parcel No. (APN)	Old APN					
Address			_			
City	State	ZIP	_			
Tract # Lot # Number of Existing Buildings on Parcel (APN)						
Building Department Jurisdiction						
Project Information						
☐ New Single Family Home ☐ New Multi Fam	ily Home ☐ Septic	Conversion 2nd Unit	t			
Describe						
			_			
Estimated Date of Project Completion						
Bronorty Owner(a)						
Property Owner(s)	Company					
Name						
Address						
Phone # () Fax #	E-mail		$-\mid$			
Applicant (Skip if Applicant is Property Owner)						
Name	Company		_			
☐ Architect ☐ Engineer ☐ Other		Lic #	_			
Address		ZIP	_			
Phone # () Fax #	E-mail		_			

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

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

Applicant's PRINTED name Applicant's Signature

Date

SB Location ID Appl. # **District Use** Annex # qof Subdivision City & ZIP Assessor's Parcel # # of Living Units Street Name Building Department Jurisdiction Subdivision Number and Name Street # Developer Lot #