



City of South Pasadena

1414 Mission Street
South Pasadena, CA 91030
Office Hrs: 7:30am-6:00pm
Monday - Thursday
Phone Number (626) 403-7220
Insp. Request (626) 403-7226

PLUMBING PERMIT APPLICATION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).

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

I am exempt under Section _____, Business and Professions Code for the following reason: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations.

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.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

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 I 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.

Signature: _____ Date: _____

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: _____

Signature: _____ Date: _____

QTY.	ITEM	FEE
_____	Plumbing fixtures: _____ water closets _____ tubs	
_____	_____ lavatories _____ sinks _____ floor drains	
_____	_____ floor sinks _____ showers _____ trap primers	
_____	_____ clothes washers _____ dishwashers	\$ _____
_____	Repair or alteration of drainage and/or vent piping per fixture	\$ _____
_____	Interceptor(s), clarifier(s) and grease trap(s)	\$ _____
_____	Water pressure regulator(s)	\$ _____
_____	Water heater(s) including vent	\$ _____
_____	Water treatment equipment	\$ _____
_____	Gas piping system(s) with 5 or less outlets	\$ _____
_____	Additional gas outlet(s) per system	\$ _____
_____	Drains in a rain water system	\$ _____
_____	Lawn sprinkler system(s)	\$ _____
_____	Hose bibs (first 5)	\$ _____
_____	Backflow / sewer backwater valve(s)	\$ _____
_____	Water service: _____ 1/2 inch and smaller	
_____	_____ 2 inch to 3 inch _____ Over 3 inches	\$ _____
_____	Repair or alteration of water piping per fixture, or per water-using or water-dispensing device	\$ _____
_____	Solar water heating system	\$ _____
_____	Connection of new sewer to existing sewer	\$ _____
_____	Disconnection, abandonment or repair of sewer	\$ _____
_____	Installation of grey water system	\$ _____
_____	Public or private spa	\$ _____
_____	Public or private swimming pool	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	Subtotal	\$ _____
_____	Plan Checking Fee	\$ _____
_____	Additional Plan Checking Fee	\$ _____
_____	Plan Maintenance Fee	\$ _____
_____	Permit Issuance Fee	\$ _____
_____	Total Permit Fee	\$ _____

SITE ADDRESS		
ASSESSOR PARCEL NUMBER		
BOOK	PAGE	PARCEL
ADDITIONAL INFORMATION / LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL OF SIGNER'S NAME		LICENSE NO.
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKER'S COMPENSATION INSURANCE COMPANY NAME		
WORKER'S COMP INSURANCE POLICY NUMBER	EXPIRATION DATE	

PLAN CHECK NUMBER	INITIALS	DATE
ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE
PERMIT NUMBER	INITIALS	DATE
DATE OF FINAL	FINAL BY	