



# RESIDENTIAL OR COMMERCIAL PERMIT APPLICATION PACKAGE

## Water and/or Sewer Connections

### Water Connections

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#### Application for Permit

Upon receipt of a building permit from San Luis Obispo County and prior to obtaining a foundation inspection, applicants with a valid Intent to Serve letter or approved transfer of active service, shall provide a copy of the building permit to the District together with payment of the current Board-approved capacity fee (if applicable). Prior to installation of the water meter and service line, applicants for any project with special conditions shall demonstrate full compliance. When the District installs any new water service, the meter shall be set with a flow restriction device installed and the flow restriction device shall not be removed until such time as the customer shows to the District compliance with the requirements of the Water Conservation and Retrofit Program.

#### Required Forms

*Form UED-1: Water and Sewer Service Connection Permit*

### Building Sewers, Lateral Sewers and Connections

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#### Application for Permit

No person shall uncover, make any connections with or opening into, use, alter or disturb any public sewer or appurtenance without first obtaining a written permit from the district. The District Engineer may require plans, specifications or drawings and such other information as he or she may deem necessary. If the District Engineer determines that the plans, specifications, drawings, descriptions or information furnished by the applicant are in compliance with the ordinances, rules and regulations of the District, he or she shall issue the permit applied for upon payment of the required fees as listed in this chapter.

#### Required Forms

*Form UED-1: Water and Sewer Service Connection Permit*

*Form WWD-1: Contracting and Permit Requirements for Installing Building and Lateral Sewers within the CCSD*

# FORM UED-1: WATER & SEWER SERVICE CONNECTION PERMIT

Please note: Connection permits are valid for one year from date of issuance.

## General Information

Date:		Assessor's Parcel Number:	
Tract No.	Lot No.	Block No.	
SLO Co Permit No.:		Owner Name:	
Owner Phone:		Owner Email:	
Owner Mailing Address:		Service Address:	
Agent Name:		Agent Phone:	
Agent Email:		Primary Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Both	
Project Classification: <input type="checkbox"/> SFR <input type="checkbox"/> MFR <input type="checkbox"/> COMM # EDUs (if applicable): _____		Type of Construction: <input type="checkbox"/> New <input type="checkbox"/> Remodel/Addition	
Connection Types Requested (Check all that apply): <input type="checkbox"/> Water <input type="checkbox"/> Wastewater			

## Attestation & Approval:

In consideration of the granting of this permit the undersigned agrees to abide by all provisions of the District Ordinances and Regulations, and to, indemnify, defend and hold harmless the District, its officers, employees and duly appointed representatives against all liabilities and judgements resulting from this permit.

→ Applicant/Authorized Agent Signature

Date

### For District Use Only

#### Water Service Field Information

Size of Main:	Location of Main:	Static Water Pressure:
Meter Location: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Meter Size:	Service Line Size/Length:

#### Wastewater Service Field Information

Size of Main:	Location of Main:	Bldg Lateral Size/Material:
Connection Location: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Cleanout/Backflow Location:	

**Meter Installation Complete:**     **Sewer Inspection Complete:**     **Retrofit Inspection Complete:**

**No. of EDUs Assigned:** \_\_\_\_\_    **CCSD Staff Member Initials/Date:** \_\_\_\_\_

# FORM WWD-1: CONTRACTING & PERMIT REQUIREMENTS FOR INSTALLING BUILDING AND LATERAL SEWERS WITHIN THE CCSD

Prior to commencing any installation of building and/or lateral sewers, Contractor shall provide the following information and documents to the District Engineer located at the Wastewater Treatment Plant (5500 Heath Lane, Cambria, CA 93428) or via email to [engineering@cambriacsd.org](mailto:engineering@cambriacsd.org).

Date			
Job Location			
Contractor Name			
Contractor Address			
Contractor Phone		Contractor License No.	
County Encroachment Permit No.		Caltrans Encroachment Permit No.	

## REQUIRED BOND:

Please attach bond for 100% of the estimated cost of work (\$5000 minimum) for a period of one (1) year starting from the date of completion of construction.

## PROOF OF LIABILITY INSURANCE (\$300,000 MINIMUM)

Amount in Force (\$)	
Insurance Company	
Mailing Address	
Policy Number	
Term	

- I HAVE RECEIVED A COPY OF THE CCSD MUNICIPAL CODE TITLE 5, CHAPTER 5.04, ARTICLES IV-VI AND UNDERSTAND MY OBLIGATION TO ADHERE TO ALL RULES AND REGULATIONS PROVIDED THEREIN.

→ Contractor Signature

Date

### For District Use Only:

License Number and Class Verified:  Proof of Bond Submitted:   
 Proof of Liability Insurance Submitted:  Staff Initials/Date: \_\_\_\_\_