

**REMODEL / ADDITION / RECONSTRUCTION / CHANGE OF USE CHECKLIST FOR APPLICANT**

Revised 03/15/2018

- Submit applications to CCSD District office:
  - Fill out the Remodel Application and submit it along with a set of before and after plans for the District Engineer and Fire Chief to review. **NOTE:** Per District policy, you will need a water letter even if your project does not include water fixtures.
    - Plans **MUST** be submitted in 11" x 17" format or electronically in PDF format
    - The plans submitted to the CCSD must be the same plans submitted to SLO County
  - Fill out the Fire & Life Safety Plan Application
  - Complete the Agent Authorization form if you are acting on behalf of the property owner.
  - Pay deposit at time of application
    - \$91 for ministerial projects (i.e. deck repair/replacement, siding, projects with **NO** change to water fixtures or square footage)
    - \$250 for all other projects
  
- Please allow a minimum of one week for the CCSD to review the application and the plans**
  - The District Engineer will review plans for impact to the water system and the Fire Chief will review plans according to the Fire Sprinkler Ordinance. If you have questions regarding the status of your application please contact the Administrative Office by phone at (805) 927-6223.  
*CCSD Municipal Code Sections 4.20.030 and 6.04.040*
  
- CCSD Administration will contact you when your water and fire letters are available to be picked up. You will be required to pay any fees, less deposit, for plan review and impact fees for additional/new water fixtures at the time of pick-up.
  
- Upon receipt of payment of fees, CCSD Administration provides fully executed/signed forms entitled:  
**"Confirmation of Water and Sewer Availability for Remodel or Transfer of Existing Active Service"**  
**"Fire Plan Review Letter"**
  
- Applicant takes both approval letters to San Luis Obispo County Department of Planning and Building to continue the county permitting process.
  
- Applicant provides CCSD with copy of building permit.
  
- Applicant calls CCSD at (805) 927-6223 to schedule pre- construction and final inspections, if applicable.

Visit [www.cambriacsd.org](http://www.cambriacsd.org) for Municipal Code and more information.



# CAMBRIA COMMUNITY SERVICES DISTRICT

P.O. Box 65, Cambria, CA 93428      PHONE (805) 927-6223 or FAX (805) 927-5584

## APPLICATION for VERIFICATION of WATER & SEWER SERVICE REMODEL / ADDITION / RECONSTRUCTION/ CHANGE OF USE

(Revised 04 12 2018)

**NOTE:** This form must be submitted with a copy of "before" and "after" **floor plans**, (as submitted for County permit) showing the work to be completed, and all water fixtures even if your project does not involve new/additional fixtures.

DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>	Applicant Signature: _____
OWNER'S NAME: _____	AGENT'S NAME: _____
OWNER'S PHONE: _____	AGENT'S PHONE: _____
OWNER'S EMAIL: _____	AGENT'S EMAIL: _____
MAILING ADDRESS: _____	SERVICE LOCATION: _____

ASSESSOR PARCEL #  -  -

**SERVICE TYPE:**     SINGLE FAMILY       MULTI FAMILY / NO. OF UNITS \_\_\_\_\_       COMMERCIAL / EDUs \_\_\_\_\_

YEAR CONSTRUCTED: \_\_\_\_\_      EXISTING SQ. FOOTAGE: \_\_\_\_\_      PROPOSED SQ. FOOTAGE: \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

### FIXTURE DETAILS: (for entire property, not just remodeled portion.)

\*Compliance with CCSD Code criteria on all fixtures will be required during post-construction inspection regardless of whether any new fixtures are added.

BEFORE beginning work				
Item	Total	Capacity at Each Location		
Toilets (gpf)				
Urinals (gpf)				
Kitchen sinks		gpm	gpm	gpm
Lavatory sinks		gpm	gpm	gpm
Aerator @ each sink? (Y/N)				
Showerheads		gpm	gpm	gpm
Shutoff near head? (Y/N)				
Tubs (gallons)				
Clothes Washer		Energy Star Compliant?		
		YES	NO	
Dishwasher		Energy Star Compliant?		
		YES	NO	
Bar /Utility Sink		gpm	gpm	gpm
HOT WATER RECIRCULATING LOOP?		YES	NO	

AFTER work completed				
Item	Total	Capacity at Each Location		
Toilets (gpf)				
Urinals (gpf)				
Kitchen sinks		gpm	gpm	gpm
Lavatory sinks		gpm	gpm	gpm
Aerator @ each sink? (Y/N)				
Showers		gpm	gpm	gpm
Shutoff near head? (Y/N)				
Tubs (gallons)				
Clothes Washer		Energy Star Compliant?		
		YES	NO	
Dishwasher		Energy Star Compliant?		
		YES	NO	
Bar /Utility Sink		gpm	gpm	gpm
HOT WATER RECIRCULATING LOOP?		YES	NO	

### FOR DISTRICT USE ONLY

**IMPACT FEES**

EACH ADDITIONAL <u>TOILET or URINAL</u> :	x \$400.00 = \$
EACH ADDITIONAL <u>KITCHEN or LAVATORY SINK</u> :	x \$400.00 = \$
EACH ADDITIONAL <u>TUB, SHOWER</u> :	x \$800.00 = \$
EACH ADDITIONAL <u>CLOTHES WASHER</u> :	x \$400.00 = \$
EACH ADDITIONAL <u>BAR or LAUNDRY SINK</u> :	x \$200.00 = \$
<u>APPLICATION FEE</u>	x \$55.00 = \$
<u>WATER PLAN REVIEW</u>	x \$110.00 = \$
<u>Simple FIRE PLAN REVIEW</u>	x \$28.00 = \$
<u>Full FIRE PLAN REVIEW</u>	x \$350.00 = \$
<u>SPRINKLER SYSTEM INSPECTION</u>	x \$250.00 = \$
<u>INSPECTION OF PLUMBING FIXTURES NEEDED:</u>	x \$149.25 = \$

**TOTAL FEES DUE**

  
  
  

PAYMENT RECEIVED IN FULL



# CAMBRIA CSD FIRE DEPARTMENT

Established 1887

## Fire & Life Safety Plan Application

**A set of your project plans (11 X 17 or smaller) is required with this application. The plans shall show access roads, driveway, turnouts, and proposed and/or existing building floor plans.**

### APPLICANT INFORMATION

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Agent/Owner's Phone: \_\_\_\_\_  
 Representative: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PROJECT INFORMATION

SLO County Permit # \_\_\_\_\_ APN:    -    -

Date of Construction: \_\_\_\_\_

Type of Project: New Construction  Remodel/Addition  Other  \_\_\_\_\_

Project Address or Location: \_\_\_\_\_  
 \_\_\_\_\_

Description of Project: \_\_\_\_\_  
 \_\_\_\_\_

Total Square Footage of Existing Structure: \_\_\_\_\_

Total Square Footage of New Construction: \_\_\_\_\_

Siding: Non-Combustible  Combustible

Roof Covering Material: \_\_\_\_\_ Class A  Class B  Class C

Are you planning to install a fire/life safety sprinkler system at your project? Yes  No

Will any portion of access road/driveway equal or exceed a 12% grade? Yes  No

Will any portion of access road/driveway equal or exceed a 16% grade? Yes  No



CAMBRIA COMMUNITY SERVICES DISTRICT  
PO Box 65, Cambria CA (805) 927-6223

**AGENT AUTHORIZATION FORM**

DATE: \_\_\_\_\_

*The undersigned owner hereby authorizes:*

\_\_\_\_\_  
Name of agent

\_\_\_\_\_  
Address of Agent

\_\_\_\_\_  
Address of agent continued

\_\_\_\_\_  
Phone # of agent

*To act as my AGENT for property located at:*

\_\_\_\_\_  
*Assessor's Parcel #*

\_\_\_\_\_  
*Address of Property*

*Said agent is authorized to sign documents related to my property/building project at location referenced above. I understand that I am responsible for payment of any fees or charges owed to Cambria Community Services District through this authorization.*

*I understand that in the event I no longer wish to utilize the services of this agent I must notify the Cambria Community Services District in writing.*

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Name  
*(Please print)*

\_\_\_\_\_  
Owner Address

\_\_\_\_\_  
Owner Phone