



Demolition Permit Tahoe City Public Utility District

Issue Date: _____

Permit Number: _____

Property Location: _____ APN: _____

Subdivision: _____ Unit/Lot: _____ Placer El Dorado

APPLICANT _____ Phone _____

Mailing Address _____ City/State/Zip _____

PROPERTY OWNER _____ Phone _____

Mailing Address _____ City/State/Zip _____

CONTRACTOR _____ Phone _____

Mailing Address _____ City/State/Zip _____

California License # _____ License Expiration Date _____

PROJECT DETAILS:

		<u># of Services</u>
<input type="checkbox"/> Permanent Service Removal	<input type="checkbox"/> Sewer Service	_____
<input type="checkbox"/> Teardown/Rebuild	<input type="checkbox"/> Domestic Water Service	_____
<input type="checkbox"/> Temporary Sewer Disconnect	<input type="checkbox"/> Fire Service	_____
<input type="checkbox"/> Temporary Water Disconnect	<input type="checkbox"/> Irrigation Service	_____
<input type="checkbox"/> Temporary Construction Water	<input type="checkbox"/> Other _____	_____

This permit is issued for the demolition / removal of:

Demolition Start Date: _____ Project Start Date: _____ Project End Date: _____

- The District will determine the point at which the owner must cut and cap the service
- The sewer and water services must be disconnected prior to the removal of any structures
- The contractor must exercise caution to keep debris from entering the sewer line
- A District approved backflow prevention device must be installed and tested on Temporary Construction Water Services
- A copy of the District's policy related to service abandonment is attached

Inspections Required:

- Sewer Service Cut & Cap
- Water Service Cap or Temporary Construction Service Domestic Fire Irrigation
- Water Lock out/Tag out Domestic Fire Irrigation

- Seal Cap Deposit of \$525.00 for all temporary disconnects. There is a permit due fee in the amount of \$_____.
- The estimated cost for District services associated with the sewer and/or water service abandonment is \$_____.

I will pay a deposit equal to this amount. I understand that I will be charged actual costs associated with the abandonment of the sewer and / or water services, and that I will either receive a refund or be billed for excess costs.

I have read and will comply with District's service abandonment policy.

_____ Applicant Signature	_____ Date	_____ TCPUD Agent	_____ Date
------------------------------	---------------	----------------------	---------------

Total TCPUD Fees Paid: _____ Check # _____ Date Paid _____ Paid by _____