

Carmel Area Wastewater District  
3945 Rio Road, P.O. Box 221428, Carmel CA 93922  
Telephone 831-624-1248

**APPLICATION FOR PLUMBING PERMIT**

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Plumber: \_\_\_\_\_ Telephone: \_\_\_\_\_

Plumber Address: \_\_\_\_\_

Description of Work to be Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Work: \_\_\_\_\_

APN: \_\_\_\_\_

The Applicant understands and agrees that:

1. Permit expires 60 days from the date of issuance.
2. The applicant's signature on this application shall constitute an agreement to comply with all District Ordinances.
3. Insurance Liability certificates will be required prior to commencement of work.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date: