



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. Certificate of Insurance (COI) validation is required **before** the commencement of work. This includes COI's being on file at the CAWD District Office and that effective dates are current and the appropriate endorsement is attached.
2. Permit expires 60 days from the date of issuance or earlier depending on the effective dates listed on the certificate of insurance on file.
3. The applicant's signature on this application shall constitute an agreement to comply with all District Ordinances.

Applicant's Signature:

Date: