



Carmel Area Wastewater District

P.O. Box 221428 Carmel California 93922 ❖ (831) 624-1248 ❖ FAX (831) 624-0811

PLUMBING PERMIT

PERMIT NO. _____ ISSUE DATE: _____ EXPIRATION DATE: _____

Received from: _____ by: _____

Currency _____ Check # _____ in the amount of \$ _____ Connection Receipt No. _____

Owner's name: _____ Plumber: _____

Work location: _____

Assessor's Parcel No. _____

NOTE: This permit must be presented to the District Inspector for certification. All Work must be inspected prior to backfilling. Call (831) 521-1475 or (831) 917-1426 a minimum of 24 hours prior to desired time for inspection. Permit is valid for 60 days from date of issuance.

The applicant is hereby advised to contact the County of Monterey Environmental Health Department to confirm that any work contemplated under this CAWD Plumbing Permit will not violate any well setback requirement or any other Environmental Health regulation. The applicant must obtain an encroachment permit from the County or City for any work that encroaches in the right of way.

DESCRIPTION OF WORK TO BE PERFORMED

INSPECTOR'S CERTIFICATION

The work performed pursuant to this permit was installed in accordance with District Standards and the work was

Completed on _____ Lateral connection was _____ feet up/down stream of Manhole No. _____

INSPECTOR'S NOTES:

Inspected by _____ Date _____

Approved by _____ Date _____

City _____ County _____ N/A Encroachment Permit # _____

