

**GENERAL INFORMATION**

	Expiration Date: _____
Name: _____	Assessor's Parcel No: _____
Job Location: _____	City: _____
Owner's Name: _____	
Mailing Address: _____	
Phone: _____	Category: _____

**JURISDICTION APPROVAL**

Capacity Charge		
Issuance By: _____		_____
	Name	Title
Units Issued		
This Permit: _____		

**NEW FACILITIES RESIDENTIAL**

Number of Dwellings: _____	x	\$5,654.65	=	\$ _____
				Credit:* _____
				Agency Total: _____
Other: _____				+ _____
				<b>Total Amount</b>
				<b>Due:</b> _____
*Explain how the total was calculated. Attach any supporting documents.				
_____				
_____				
The Amount due shown above must be paid <b>prior to being issued a building permit</b> by your city or district.				
The undersigned acknowledges receipt of a copy of this statement and states he/she is the owner of the described premises or is the duly authorized agent of the owner.				
Name: _____				
Signature: _____			Date: _____	

**DO NOT WRITE BELOW THIS LINE**

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Approved By: _____	Permit No.: _____
Posted By: _____	