



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 \$3,726.33 = \$ \_\_\_\_\_

Credit:\* \_\_\_\_\_

Agency Total: \_\_\_\_\_

Other: \_\_\_\_\_ + \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

\*Explain how the total was calculated. Attach any supporting documents.  
\_\_\_\_\_  
\_\_\_\_\_

The Amount due shown above must be paid **prior to being issued a building permit** 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: \_\_\_\_\_