



City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255
Office Phone No. (323) 584-6271
Insp. Request: (323) 584-6273

SITE ADDRESS		
ASSESSOR PARCEL NUMBER		
BOOK	PAGE	PARCEL
ADDITIONAL INFORMATION/LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL DESIGNER'S NAME		LICENSE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKERS' COMPENSATION INSURANCE COMPANY NAME		
WORKERS' COMP. INSURANCE POLICY NUMBER		EXPIRATION DATE

PLUMBING PERMIT APPLICATION

OWNER BUILDER DECLARATION

I affirm that I signed the Owner's Acknowledgment and Verification of Information Declaration form as required by Section 19825 of the California Health and Safety Code.

Name: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Signature: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

By my initial, I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate No.: _____

_____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

_____ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: _____ Date: _____

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued in accordance with the requirements of Section 8172 of the California Civil Code.

Lending Agency Name: _____

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: _____

Signature: _____ Date: _____

QTY	ITEM	FEES
	Plumbing Fixtures (Total): ____ Water Closets ____ Tubs ____ Dishwashers ____ Lavatories ____ Sinks ____ Floor Drains ____ Floor Sinks ____ Showers ____ Trap Primers ____ Clothes Washers	\$
	Repair or Alteration of Drainage and/or Vent Piping	\$
	Interceptors, Clarifiers and Grease Traps	\$
	Water Pressure Regulators	\$
	Water Heaters Including the Vent	\$
	Water Treatment Equipment	\$
	Gas Piping Systems with 5 or less Outlets	\$
	Additional Gas Outlets per System	\$
	Drains Serving Rain Water Systems	\$
	Lawn Sprinkler Vacuum Breakers	\$
	Hose Bibs (First 5)	\$
	Backflow and/or Sewer Backwater Valves	\$
	Water Service: ____ Up To 1½ Inches ____ 2 to 3 Inches ____ Over 3 Inches	\$
	Repair or Alteration of Water Piping per Fixture or per Water-Using or Water-Dispensing Device	\$
	Solar Water Heating System	\$
	Connection to New Sewer to Existing Sewer	\$
	Disconnection, Abandonment or Repair of an Existing Sewer	\$
	Installation of a Grey Water System	\$
	Public or Private Spa	\$
	Public or Private Swimming Pool	\$
		\$
	Subtotal	\$
	Plan Check Fee	\$
	Additional Plan Check Fee	\$
	Plan Maintenance Fee	\$
	Permit Issuance Fee	\$
	Total Permit Fee	\$
PLAN CHECK NUMBER INITIALS DATE		
ADDITIONAL PLAN CHECK NUMBER INITIALS DATE		
PERMIT NUMBER INITIALS DATE		
DATE OF FINAL APPROVAL		FINAL APPROVAL BY