

## TAHOE CITY PUBLIC UTILITY DISTRICT

## **FORM C**

## **Residential & Commercial Permit Application**

Estimated Start Date Estimated Completion Date	
Property Address Unit No APN	
Owner NameBusiness Name (if applicable)	
Owner Phone NoOwner Email	
Mailing Address	
County Building Permit Number	
Applicant Name Phone # Fax #	
Please Print	
General         E-mail	
Excavator Phone # CA License #	
Existing Square Footage New TOTAL Square Footage  Please describe the proposed construction and/or demolition below:  Will you be adding, replacing, or modifying any of the following?  Faucet Yes No Toilet Yes No Shower Yes No Bathtub Yes No Kitchen sink Yes No Dishwasher Yes No Laundry Yes No Bar Sink Yes No Other Fixture(s)  Will this project result in additional dwelling units? (Apartment, guest house, living area above garage) Yes	
Upon completion, how many total <b>kitchens</b> will there be? How many total <b>bathrooms</b> will there be? Is there an existing sewer pump system?  Yes No Will a sewer pump system be installed? Yes No	
SEWER SERVICE DETAILS	
As a part of this project, will you:	
1. Install a new sewer service or replace an existing service?   Yes No Size Material	
2. Build over any existing sewer service?	

WATER SERVICE DETAILS Water Service Agency:   TCPUD  Other:
Please complete the following section only if you are a TCPUD water customer:
As a part of this project, will you:  1. Install a new water service or replace an existing service?   Yes No From "to "  Material "  Material "
2. Build over any existing water service?
Will any of the following be located at the property? (whether part of this project or existing)   Yes
Applicant Signature Date
Phone #
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