



# Demolition Permit Tahoe City Public Utility District

Issue Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Property Location: \_\_\_\_\_ APN: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Unit/Lot: \_\_\_\_\_  Placer  El Dorado

APPLICANT \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

California License # \_\_\_\_\_ License Expiration Date \_\_\_\_\_

### PROJECT DETAILS:

		<u># of Services</u>
<input type="checkbox"/> Permanent Service Removal	<input type="checkbox"/> Sewer Service	_____
<input type="checkbox"/> Teardown/Rebuild	<input type="checkbox"/> Domestic Water Service	_____
<input type="checkbox"/> Temporary Sewer Disconnect	<input type="checkbox"/> Fire Service	_____
<input type="checkbox"/> Temporary Water Disconnect	<input type="checkbox"/> Irrigation Service	_____
<input type="checkbox"/> Temporary Construction Water	<input type="checkbox"/> Other _____	_____

*This permit is issued for the demolition / removal of:*

\_\_\_\_\_  
\_\_\_\_\_

Demolition Start Date: \_\_\_\_\_ Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

- The District will determine the point at which the owner must cut and cap the service
- The sewer and water services must be disconnected prior to the removal of any structures
- The contractor must exercise caution to keep debris from entering the sewer line
- A District approved backflow prevention device must be installed and tested on Temporary Construction Water Services
- A copy of the District's policy related to service abandonment is attached

#### Inspections Required:

- Sewer Service Cut & Cap
- Water Service Cap or  Temporary Construction Service  Domestic  Fire  Irrigation
- Water Lock out/Tag out  Domestic  Fire  Irrigation

Seal Cap Deposit of \$500.00 for all temporary disconnects.  There is a permit due fee in the amount of \$\_\_\_\_\_.

The estimated cost for District services associated with the sewer and/or water service abandonment is \$\_\_\_\_\_. I will pay a deposit equal to this amount. I understand that I will be charged actual costs associated with the abandonment of the sewer and / or water services, and that I will either receive a refund or be billed for excess costs.

**I have read and will comply with District's service abandonment policy.**

\_\_\_\_\_  
**Applicant Signature**                      **Date**                      **TCPUD Agent**                      **Date**

**Total TCPUD Fees Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Paid by** \_\_\_\_\_