



TAHOE CITY PUBLIC UTILITY DISTRICT Residential Permit Application

New Construction Remodel Septic Changeover Other _____

Estimated Start Date _____ Estimated Completion Date _____

Property Address _____ APN _____

Owner Name _____

Mailing Address _____

Subdivision _____ Unit / Lot _____

Owner Phone No. _____

Building Permit Number _____

Applicant Name _____ Phone No. _____ Fax No. _____

Please Print

General Contractor _____ Phone No. _____ CA License # _____

CONSTRUCTION DETAILS Single Family Residence Multiple Residential, No. of Units _____

Existing Square Footage _____ New TOTAL Square Footage _____

Please describe the proposed construction and/or demolition below:

Will you be adding or modifying any of the following?

Faucet Yes No Toilet Yes No Shower Yes No Tub 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? (ie: apartment, guest house, living area above garage) Yes No

Upon completion, how many total **bathrooms** will there be? _____

Is there an existing sewer pump system? Yes No Will a pump system be installed? Yes No

SEWER SERVICE DETAILS

Sewer Contractor Name _____ Phone _____

Excavator Name _____ Phone _____

As a part of this project, will you:

Install a new sewer line or replace an existing sewer line? Yes No Size _____ Mat'l _____

Relocate or build over any existing sewer lines? Yes No

ABS and Orangeburg pipe are not acceptable materials for sewer service lines and must be removed and replaced. Caps must be of the same material as the pipe, unless S402 T-Cones are used.

Will the structure have a fire sprinkler system? Yes No Will the structure have hydronic heating? Yes No

OWNER NAME:

APN:

WATER SERVICE DETAILS

Water Service Agency: TCPUD Other: _____

Please complete the following section if you are a TCPUD water customer:

Water Contractor Name _____ Phone _____

As a part of this project, will you:

- 1. Install a new water line or replace an existing water line? Yes No From _____ " To _____ "
- 2. Relocate or build over any existing water line? Yes No From _____ " to _____ "
- 3. Install a fire sprinkler line? Yes No Size _____ Mat'l _____

Will any of the following be located at the residence? (whether part of this project or existing)

- | | | | |
|--|-----------------------------|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Hydronic Heat | Yes <input type="checkbox"/> No <input type="checkbox"/> | Heated Driveway/Walks |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Boiler | Yes <input type="checkbox"/> No <input type="checkbox"/> | Solar |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Swimming Pool | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fire Sprinkler <input type="checkbox"/> Pumper Connection |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Sewage Pump | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hot Tub |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Sauna | Yes <input type="checkbox"/> No <input type="checkbox"/> | Livestock |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Frost Free Yard Hydrants | Yes <input type="checkbox"/> No <input type="checkbox"/> | Trap Primer |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Stop and Waste Valve | Yes <input type="checkbox"/> No <input type="checkbox"/> | Booster Pump |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Irrigation Line (lawn/drip) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Auxiliary Water (lake intake/private well/spring) |

The purpose of this survey is to identify certain equipment and/or connections that you may have in your home or condo that could have an adverse affect on our water supply and could create a hazardous condition within your home. Based upon your survey responses, you may be asked to install one or more backflow prevention devices on your property and have these devices tested on an annual basis. All costs associated with the installation and testing of these devices are the sole responsibility of the property owner. California law requires that potentially hazardous services are protected with a backflow prevention assembly.

Sewer and Water Customers: Please be aware of the following requirements:

- 1. All water and sewer lines must be constructed of a material approved by the District.
- 2. The District must inspect all line installations, including the trench prior to backfill.
- 3. An air test of the sewer line is required when ANY modification is made to the sewer, including construction OVER an existing line. All air tests must be witnessed by the District.
- 4. All fixtures must be low flow, and cannot exceed the following:
Toilets - 1.6 gallons per flush; Showers - 2.5 gallons per minute; Faucets – 2.2 gallons per minute
- 5. Water pressure *must not* exceed 60 psi for both sewer and water inspections.
- 6. The District must perform a final inspection of fixtures and water pressure prior to the final County inspection. All fixtures must be set prior to inspection. Boxes must be exposed so that we may verify placement, caps and lids.
- 7. Backflow prevention assemblies are required on potentially hazardous services. Assemblies cannot drain to sewer.
- 8. Water lines, meters and backflow prevention assemblies must be protected from freezing.

If you are unfamiliar with any of the District specifications regarding water and sewer installation, please contact the Technical Services Department at 530-583-3796, extension 6. You may pick up a set of specifications at the District office. Sewer service details can be found on our website, www.tcpud.org.

Applicant Signature _____ Date _____

Title _____ Phone # _____

Accepted by _____
District Representative

Date Backflow Inspector notified _____