



PAYMENT APPLICATION FOR WATER INSPECTION

Mailing Address: P.O. Box 3427, San Bernardino, CA 92413
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Date _____

STATE DIVISION OF INDUSTRIAL SAFETY (CAL-OSHA) Permit No. _____

Other Permit Nos. _____
(Indicate Permit Nos. and names of all governing agencies)

APPLICANT _____

(PLEASE INDICATE ONE OF THE FOLLOWING):

CORPORATION INDIVIDUAL PARTNERSHIP OTHER

If Other _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

PROJECT NAME _____ Location _____

Job No. _____ Tract / Project No. _____

CONTRACTOR _____ License No. _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

SCHEDULE

Inspection Fee per day = \$ 600.00

Deposit per Valve = \$ 100.00

FEE:

Inspection for Water Facility Construction:

Applicant estimated number of days to install: _____ x 'fee' (\$600.00) =(a) \$ _____

DEPOSIT:

Valve Deposit:

Number of Valves: _____ x 'deposit' (\$100.00) =(b) \$ _____

or

In lieu of a monetary 'deposit', Applicant will submit

a Guarantee Bond in the amount of(c) \$ _____

Applicant will pay by cash, check or money order, the sum of(a) + (b) \$ _____

(Account No. 22810 - WA)

Job No. _____

Task EXEPIN

FOR OFFICE USE ONLY

APPLICATION taken by _____ Date _____

STREET OPENING PERMIT (for construction of Water Mains & Appurtenances)

submitted to the City of _____ Date _____