Mammoth Community Water District
Demolition Application

Date:	

APPLICANT

Full Name:					
Address:					
City:		**State:**		**Zip:**	
Phone Number:					
Email:					
☐ **I authorize my contractor to serve as my agent for matters pertaining to this permit.**					

PROPERTY

Type of Construction:	DEMOLITION	
Subdivision:		
Lot #:		
Street Address:		
Assessor Parcel # (APN):		Link to Mono County Parcel Viewer

OWNER

Full Name:					
Address:					
City:		**State:**		**Zip:**	
Phone Number:					
Email:					

CONTRACTOR

Full Name:	
Phone Number:	
Email:	
Contractor License #:	
Additional Contact & Info:	

Signature on the application acknowledges that if a fixture unit count is mispresented and upon final inspection it is found that the count is not accurate, replacement of the meter and street lateral may be required at the owner's expense. Payment of additional connection fees may also be required. Removal of fixtures once installed may require Town of Mammoth Lakes approval. The owner assures that the plans submitted in regard to water and sewer improvements are copies of the same plans submitted to the Town of Mammoth Lakes building department.

SIGNATURE OF OWNER/AGENT: **DATE:**

Existing Water: **Existing Sewer Connection:**