

Description of Additional Changes (i.e. plumbing, electrical, structural, etc):

Schematic diagram of proposed equipment layout (include piping):

Company or Individual Doing Work: _____
Address: _____
Phone #: _____ Fax #: _____
Contractor's License #: _____

I declare that the work completed at this facility has been completed to meet Virginia Graeme Baker compliance standards to the best of my knowledge. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action.

Contractor Signature: _____

Questions? Please contact the Calaveras County Environmental Health Department at (209)754-6399.

******* Below For Office Use Only *******

Remodel Approved By: _____ Date: _____
Comments: _____

Total Fees Due: _____ Date Received: _____
By Whom: _____ Receipt #: _____