



COUNTY of VENTURA

RESOURCE MANAGEMENT AGENCY

RUBEN BARRERA

Building and Safety Director

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<https://www.vcrma.org/divisions/building-and-safety> • building@ventura.org

PERMIT APPLICATION – PLUMBING

Property Address/APN _____ Location _____

Primary Use: Residential Non-Residential Commercial Industrial Agricultural Accessory

Nature of Work: New Addition Alteration Repair Conversion Demolition

Description of Work: _____

Declared Valuation: \$

Owner Name: _____ Address: _____ Telephone: _____

Applicant/Contact: _____ Telephone: _____

Email: _____ Address: _____ City/Zip: _____

Contractor: _____ Address: _____ City/Zip: _____

CSLB License #: _____ Email: _____ Telephone: _____

Please Select all that apply:

P L U M B I N G	System Fee – Residential (SF)	Quantity unless otherwise noted
Residential Pool / Spa	Solar Water Heater	
Commercial Pool / Spa	Solar Pool / Spa Heater	
UNIT FEE SCHEDULE		Quantity unless otherwise noted
Fixture or Trap	Water Heater / Vent	Grease Trap
Building Water Supply	Circulating Pump	Indust. / Com. Waste Interceptor
Med / High Gas Pipe	Building Sewer (LF)	Industrial Waste Sample Well
Low Gas Pipe System	Septic Abandonment	Rainwater Piping System
Earthquake Shut-Off Valve	Repair / Alter – Drain / Vent	Radiant Heat Piping System
Fuel Oil Pipe	Repair / Alter – Water Piping	Backwater Valve
Medical Gas System	Residential Lawn Sprinkler System	Residential Graywater System
Chemical Waste System	Non-Residential Lawn Sprinkler	Non-Residential Graywater System
Medical Vacuum System	Vacuum Breaker / Backflow	Reconnect Gas Service
Combo Waste / Vent	Water Treatment Install	Ejector Pumps / Grinder Pumps
Miscellaneous Equipment		Thermal Water Heating System

I, the undersigned, understand approval of the project does not waive any requirements, laws, or ordinances of the County of Ventura. All statements contained herein, including all documents and plans submitted in connection with this application are true and accurate to the best of my knowledge.

Signature of Applicant: _____

Date: _____