

# City of Richmond

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# Water Resource Recovery Division



# Application Form

REFERENCE #: \_\_\_\_\_

<input type="checkbox"/> DRAINAGE IMPROVEMENTS (SPR) <input type="checkbox"/> EROSION CONTROL (C6) <input type="checkbox"/> LOW IMPACT DEVELOPMENT (C3)	<input type="checkbox"/> ONE-TIME DISCHARGE PERMIT (COMPLETE SECTION 3) <input type="checkbox"/> WASTEWATER PLAN REVIEW	<input type="checkbox"/> CERTIFICATE OF SEWER LATERAL COMPLIANCE <input type="checkbox"/> SEWER LATERAL VIDEO REVIEW <input type="checkbox"/> OTHER: _____
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PROPERTY ADDRESS: \_\_\_\_\_ APN/PARCEL: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

## SECTION 1: APPLICANT INFORMATION

PROPERTY OWNER  
  CONTRACTOR  
  AGENT  
  OTHER: \_\_\_\_\_

Company Name (PRINT): \_\_\_\_\_

Contact Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 2: CONTRACTOR INFORMATION

Contractor License Number: \_\_\_\_\_ Richmond Business License Number: \_\_\_\_\_

Contractor/Company: \_\_\_\_\_

Contact Name (PRINT): \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 3: ONE-TIME DISCHARGE PERMIT (SEE REVERSE)

### (FOR OFFICE USE ONLY)

<p><b>Wastewater</b></p> <p><input type="checkbox"/> Sewer Lateral Video Review \$203 \$ _____</p> <p><input type="checkbox"/> Certificate of Sewer Lateral Compliance \$184 \$ _____</p> <p><input type="checkbox"/> One-time discharger, discharging less than 60,000 gallons TBD \$ _____</p> <p><input type="checkbox"/> Wastewater Plan Review (CON) : No. of Hrs: _____ x \$203 \$ _____                  Includes Traffic Control Plan Review</p> <p><input type="checkbox"/> Expedited Plan Review – Min. 2hrs \$1,167 \$ _____</p> <p><input type="checkbox"/> Wastewater Encroachment Permit \$527 \$ _____</p> <p><b>Stormwater</b></p> <p><input type="checkbox"/> Stormwater Plan Review:                  FOG/Projects not required to submit a SWCP \$201 \$ _____</p> <p><input type="checkbox"/> C.3 Stormwater Control Plan Review \$7,876 \$ _____</p> <p><input type="checkbox"/> C.3 Low Impact Development Annual Inspection                  Bio-swales infiltration planters \$604 \$ _____</p> <p><input type="checkbox"/> C.3 Low Impact Development Installation/Construction                  inspection fee for every 5 bio-swales, inflow planters, tree wells or other devices \$604 \$ _____</p>	<p><input type="checkbox"/> C.6 SWPPP Monthly Inspection &amp; Compliance \$423/month x _____ month \$ _____</p> <p><input type="checkbox"/> C.6 Constructions sites Greater than 1 acre or determined to be a significant threat to water quality = \$423/month x _____ month \$ _____</p> <p><input type="checkbox"/> C.6 Constructions sites Less than 1 acre or determined not to be a significant threat to water quality = \$301/month x _____ month \$ _____</p> <p><input type="checkbox"/> Stormwater Plan Review (CON): No. of Hrs: _____ x \$203 \$ _____</p> <p><input type="checkbox"/> Environmental Svcs. Manager: No. of Hrs: _____ x \$329 \$ _____</p> <p><input type="checkbox"/> Senior Environmental Compliance                  Inspector: No. of Hrs: _____ x \$270 \$ _____</p> <p><input type="checkbox"/> Environmental Compliance                  Inspector: No. of Hrs: _____ x \$225 \$ _____</p> <p><input type="checkbox"/> OTHER: _____ No. of Hrs: _____ x \$ _____ \$ _____</p> <p style="color: red; font-size: small;">2% Credit Card Processing Fee: \$ _____</p> <p style="text-align: right;"><b>TOTAL: \$ _____</b></p> <p style="color: red; font-size: small;">CRW BLDG/PLANNING PERMIT # _____</p>
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### SECTION 3: ONE-TIME DISCHARGE PERMIT

SIC CODE(S): \_\_\_\_\_ (Available through <https://www.osha.gov/pls/imis/sicsearch.html>)

1. Description of business activity:

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2. Source, volume and rate of water to be discharged to the Sanitary/Storm Collection Systems (List ALL stormwater, groundwater, etc., volume in gallons, and gpm):

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3. Uses of water (i.e. irrigation, rinsing floors, vehicle washing, bathrooms, process use). Please include known amounts per use:

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4. Attach laboratory results and discharge plan with this application. Discharge plan should include a map of discharge location(s) and best management practices to control the discharge.