

City of Richmond

450 Civic Center Plaza, 2nd Floor
 Richmond, CA 94804
 Office: (510) 620-6594
 Fax: (510) 307-8195
 Email: wrr@ci.richmond.ca.us
 Website: www.ci.richmond.ca.us/wrr

Water Resource Recovery Department 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)

Wastewater

- Sewer Lateral Video Review \$103 \$ _____
- Certificate of Sewer Lateral Compliance \$175 \$ _____
- Class VI (one-time discharger, discharging less than 60,000 gallons) \$906 \$ _____
- Wastewater Plan Review (CON) : No. of Hrs: _____ x \$193 \$ _____
Includes Traffic Control Plan Review
- Expedited Plan Review – Min. 2hrs \$1,109 \$ _____
- Wastewater Encroachment Permit \$501 \$ _____

Stormwater

- Stormwater Plan Review:
FOG/Projects not required to submit a SWCP \$191 \$ _____
- C.3 Stormwater Control Plan Review \$7,487 \$ _____
- C.3 Low Impact Development Annual Inspection
Bio-swales infiltration planters \$574 \$ _____
- C.3 Low Impact Development Installation/Construction
inspection fee for every 5 bio-swales, inflow planters, tree wells or other devices \$574 \$ _____

- C.6 SWPPP Monthly Inspection & Compliance
\$402/month x _____ month \$ _____
- C.6 Constructions sites Greater than 1 acre or determined to be a significant threat to water quality = \$402/month x _____ month \$ _____
- C.6 Constructions sites Less than 1 acre or determined not to be a significant threat to water quality = \$286/month x _____ month \$ _____
- Stormwater Plan Review (CON): No. of Hrs: _____ x \$193 \$ _____
- Environmental Svcs. Manager: No. of Hrs: _____ x \$313 \$ _____
- Senior Environmental Compliance
Inspector: No. of Hrs: _____ x \$257 \$ _____
- Environmental Compliance
Inspector: No. of Hrs: _____ x \$214 \$ _____
- OTHER: _____ No. of Hrs: _____ x \$ _____ \$ _____

TOTAL: \$ _____

CRW BLDG/PLANNING PERMIT # _____



SECTION 3: ONE-TIME DISCHARGE PERMIT

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

1. Description of business activity:

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):

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

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.

CREDIT CARD AUTHORIZATION FORM



Water Resource Recovery Department

450 Civic Center Plaza
Richmond, CA 94804
Phone: (510)620-6594
Fax: (510)307-8195

To:

Fax:

Date:

of pages: 1

Regarding:

Phone:

VISA or MASTERCARD (Circle one)

Credit Card #

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Expiration Date

		/		
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Amount

CVC CODE _ _ _

\$

Name on Credit Card (Print): _____

Mailing address for Credit Card: _____

City, State, Zip Code: _____

Authorizing Signature: _____

**** ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS ****