



125 East College Street
Covina, CA, 91723
P) 626-384-5460
Building@covina.ca.gov
www.covina.ca.gov

PREREQUISITES

IB-11

The following items are required once a project has been plan checked and is approved prior to permit issuance. These documents are required for the following project types: new construction, additions, including accessory dwelling units (ADUs), please ensure all agency requirements are met in order to avoid delays.

☐ **Address Request Form (IB-05)*** *(if applicable)*

All new residential and commercial structures, including accessory dwelling units (ADUs) and junior accessory dwelling units (JADUs), require a separate address. Please complete the attached Address Request Form and return to the Building & Safety Division.

► **Please note that there is a \$456 non-refundable application fee for address requests.**

☐ **Fire Flow Availability Form 195***

Please take the attached form to the local water district for the subject property. Once the form is completed please return the Building & Safety Division.

Azusa Light & Water

729 N Azusa Avenue
Azusa, CA 91702
(626) 812-5063
azusaca.gov

City of Covina Water

534 N Barranca Avenue
Covina, CA 91723
(626) 384-5220
covina.ca.gov

City of Glendora Water

1051 E Sierra Madre Avenue
Glendora, CA 91741
(626) 852-4838
www.cityofglendora.org

Golden State Water

115-121 Exchange Place
San Dimas, CA 91773
1-800-999-4033
www.gswater.com

Suburban Water Company

1325 N Grand Avenue
Covina, CA 91724
(626) 543-2640
www.swwc.com

Valencia Heights Water

3009 E Virginia Avenue
West Covina, CA 91791
(626) 332-8935
www.vhwc.org

☐ **School District Clearance**

City staff will provide a School District Clearance form for you to take to the local school district office. After the school district fees are paid (if any), please provide the receipt or exemption letter to the Building & Safety Division.

Azusa Unified School District

546 S Citrus Avenue
Azusa, CA 91702
(626) 967-6211
www.azusa.org

Charter Oak Unified School District

20240 East Cienega Avenue
Covina, CA 91724
(626) 966-8331
www.cousd.net

Covina Valley Unified School District

519 E Badillo Street
Covina, CA 91723
(626) 974-7000
www.c-vusd.org

☐ **Environmental Forms**

After the first plan review you may be provided with environmental/construction and demolition debris forms to complete. Please return completed forms to the City of Covina Environmental Services Division.

City of Covina Environmental Services Division

125 E College Street
Covina, CA 91723
environmental@covina.ca.gov

*Due at the time of application and plan check submittal.



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PREREQUISITES

IB-11

☐ **Sanitation District Clearance**

Complete the attached Sewerage System Connection Fee form and submit it to the Los Angeles County Sanitation District. Once the fee is paid, please provide the receipt to the Building & Safety Division.

Los Angeles County Sanitation Districts

1955 Workman Mill Road

Whittier, CA 90601

(562) 908-4288 Ext. 2727

www.lacsd.org

connectionfee@lacsd.org

Other

☐ If not already provided on the [permit application](#), please list the mechanical/electrical/plumbing fixture counts on the back of the application.

☐ Prior to permit issuance provide either the contractor's license information or if the permit is being pulled as an Owner-Builder complete the [Owner-Builder Declaration](#).

► **Please note that commercial projects require an appropriately licensed contractor to pull the permit**



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P) 626-384-5460
permits@covinaca.gov
www.covinaca.gov

ADDRESS REQUEST

IB-05

NOTICE OF ADDRESS:

INTRODUCTION

Address assignments and requests are made by a property owner or project developer. The City of Covina requires a **\$456 administrative fee for each new address requested, or for a change to an existing address.**

There is **NO** refund once the request has been processed.

***PLOT/SITE PLAN REQUIRED reference HANDOUT #15 (one copy 8 ½" x 11") See page 2**

PURPOSE OF REQUEST

Application/Permit # _____

EXISTING ADDRESS _____

EXISTING PARCEL NUMBER

_____ - _____ - _____

NAME OF REQUESTOR (print) _____

CONTACT PHONE NUMBER _____ EMAIL _____

CHECK ONE: OWNER DEVELOPER

I am authorized to submit this request as noted above:

SIGNATURE _____ DATE _____

FOR CITY USE ONLY		
City Map:	Tract:	Lot:
New Address:		
Department Approval:		

NOTE: Notification must be made with-in 10 business days off approval to all entities listed below

Property Owner's Signature: _____ Date: _____

PROJECT: BUILDING DATA

Number of units _____

Application/Permit # _____

Plot Plan

Date: _____ Address: _____

SQUARE FOOTAGE: _____

LOT COVERAGE: _____

• EXISTING: _____ ADDED: _____

• NUMBER OF BEDROOMS: _____

• NUMBER BATHROOMS: _____

I HEREBY STATE THAT THIS PLOT PLAN AND THE DIMENSION SHOWN ARE CORRECT:

SIGNATURE _____ ADDRESS _____



FORM 195
Rev. 02/22

COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

Fire Prevention Engineering
5823 Rickenbacker Road
Commerce, CA 90040
Telephone (323) 890-4125 Fax (323) 890-4129

Information on Fire Flow Availability for Building Permit

For One and Two Family Dwellings, Townhomes, and Accessory Dwelling Unit's

INSTRUCTIONS:

Complete parts I, II (A), & II (B)

Verifying fire flow, fire hydrant location and fire hydrant size.

PROJECT INFORMATION (To be Completed by Applicant)

PART I

Building Address: _____

City or Area: _____ APN _____

Nearest Cross Street: _____

Distance of Nearest Cross Street: _____

Property Owner: _____ Telephone: () _____

Address: _____

City: _____ Zip Code _____

Occupancy (Use of Building): _____ Sprinklered: Yes ☐ No ☐

Type of Construction _____

Square Footage: _____ Number of Stories: _____

Applicant's Signature

Date

PART II (A)**INFORMATION ON FIRE FLOW AVAILABILITY**
(Part II A and II B to be completed by Water Purveyor)

The distance from the fire hydrant to the property line is _____

feet via vehicular access. The fire flow services will be rendered from a _____

inch diameter water main. The hydrant is located on _____

(Direction/side) (Street)

_____ of _____
(Feet) (Direction) (Nearest Cross - Street)

Static PSI _____ Residual PSI _____ Orifice size _____ Pitot _____

Fire Flow at 20 PSI _____ for one-hour duration ☐ Flow Test Date / Time _____

☐ Hydraulic model

Domestic Meter Size _____

PART II (B)

Water Purveyor

Signature

Phone Number

Date

Title

PART III**Conditions for Approval by the Building Department**

(To be Completed by Building Department)

The building permit may be issued for new or additions to detached one and two family dwellings, townhomes, and accessory dwelling units when the above information is completed and shows that the following minimum requirements are met and is not located in a Fire Hazard Severity Zone.

- The water system is capable of delivering at least 1000 GPM at 20 PSI for one-hour if non-sprinklered
- The water system is capable of delivering at least 500 GPM at 20 PSI for one-half hour if sprinklered.
- The total area of the entire structure is less than 3,600 square feet.
- No portion of the lot frontage to the public fire hydrant shall exceed 450 feet via vehicular access.
- All portions of a new single family, two-family or townhome construction must be within 150 feet of a vehicular access roadway that is a minimum of 20 feet wide clear to sky, paved with concrete or asphalt and does not exceed 15% grade.
- A new detached ADU that is fire sprinklered, the 150-foot distance to all portions of the structure can be extended to 300 feet of a vehicular access roadway that is a minimum of 20 feet wide clear to sky, paved with concrete or asphalt and does not exceed 15% grade.

APPROVED BY

DATE

OFFICE

This Information is Considered Valid for Twenty-Four Months

When the project does not meet all of the above requirements for approval by the **Building Department**, the project must be sent to the **Fire Prevention Division** for approval before a Building Permit can be issued by the **Building Department**.



**LOS ANGELES COUNTY
SANITATION DISTRICTS**
Converting Waste Into Resources

Robert C. Ferrante
Chief Engineer and General Manager

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
(562) 699-7411 • www.lacsd.org

(562) 908-4288, extension 2727

Website: www.lacsd.org

SEWERAGE SYSTEM CONNECTION FEE

Email: connectionfee@lacsd.org

Hours: 7:30 a.m. – 4:00 p.m., M – Th
7:30 a.m. – 3:00 p.m., Friday

District No: _____ (FOR DISTRICTS' USE ONLY)

Complete Items 1 through 10 – PLEASE TYPE OR PRINT

Date: _____

1. Property Owner(s): _____

2. Business or Project Name (Commercial Parcels Only): _____

3. Address of Property: _____
(STREET ADDRESS, CITY, STATE & ZIP CODE)

4. Contact Person: _____ Phone Number: () _____
(FIRST AND LAST NAME)

5. Mailing Address: _____
(IF DIFFERENT FROM ABOVE) (STREET ADDRESS, CITY, STATE & ZIP CODE)

6. County Assessor Map Book, Page, and Parcel Number (APN):

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7. Structure is: ☐ Proposed (New Construction) ☐ Existing (Tenant Improvement) ☐ Existing (Septic to Sewer)

8. User Category and Units of Usage: (Check the appropriate box and provide the applicable information to the right)

a. RESIDENTIAL:	<input type="checkbox"/> Single Family Home(s)	<input type="checkbox"/> ADU /J-ADU	▶ Number of New Units: _____
	Tract # _____ Lot(s) _____		▶ Number of New Units: _____
	<input type="checkbox"/> Multi-Unit Residential (Apartments, Duplex, Triplex, etc.)		▶ Number of Rooms: _____
	<input type="checkbox"/> Mobile Home Park		▶ Number of Beds: _____
b. COMMERCIAL:	<input type="checkbox"/> Condominium/Townhome		▶ Improvement Sq. Ft: _____
	<input type="checkbox"/> Hotel/Motel		▶ Number of Rooms: _____
	<input type="checkbox"/> Convalescent Hospital / Home for the Aged		▶ Number of Beds: _____
c. INSTITUTIONAL:	<input type="checkbox"/> Other (Specify): _____		▶ Improvement Square Footage: _____
	<input type="checkbox"/> College/University		▶ Number of Students: _____
	<input type="checkbox"/> Private School		▶ Improvement Square Footage: _____
d. INDUSTRIAL:	<input type="checkbox"/> Church		▶ All industrial dischargers must obtain a permit for Industrial Wastewater discharge.
	<input type="checkbox"/> All Categories		

9. In order to process this application an architectural site and floor plan must be submitted (any size). This is not required for conversion from septic tank to sewer connection or for new single-family homes.

10. I certify that the information provided in this application is true and correct to the best of my knowledge.

☐ OWNER

☐ AGENT FOR OWNER

(Signature) _____ (Date)
Please pay by check or money order. We also accept VISA, MasterCard, American Express or Discover. Fee applies to payments made using debit and credit cards.
Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
Returned checks will be subject to penalty.

(FOR DISTRICTS' USE ONLY)

FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL AND INSTITUTIONAL CATEGORIES

<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		X	<table border="1" style="display: inline-table;"><tr><td>\$</td></tr></table>	\$	=	<table border="1" style="display: inline-table;"><tr><td>\$</td></tr></table>	\$
\$							
\$							
Number of Units of Usage		Connection Fee per Unit of Usage		Connection Fee - Subtotal			

SPECIAL CREDITS (only if applicable)

☐ DEMOLITION CREDIT*

☐ CHANGE IN USE CREDIT*

Annexation Date: _____

* In order to receive credit, proof of demolition or former use must be submitted with your application (e.g. Demolition Permits, Original Plans, or Demolition Plan).

—

\$

\$

Connection Fee - Total

From: _____ D.C. ☐ Yes ☐ No
Amount: \$ _____ Check No. _____ Approval Date: _____ Processed by: _____
Approved by: _____