CITY OF LODI

COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division

PERMIT APPLICATION
Apartments
Commercial - Industrial

A permit application <u>WILL NOT BE ACCEPTED</u> unless all of the following items are submitted or complied with:

____ **1. PLAN REVIEW FEE: To be paid at time of application.**

____ **2. PERMIT APPLICATION FORM (attached): Completed and signed by the applicant.**

____ **3. COMPLETED SAN JOAQUIN AIR POLLUTION COMPLIANCE QUESTIONNAIRE (attached)**

____ **4. COMPLETED HAZARDOUS MATERIALS DISCLOSURE SURVEY FORM (attached)**

____ **5. COMPLETED WATER/WASTEWATER QUESTIONNAIRE (attached)**

____ **6. FIVE (5) COMPLETE SETS OF PLANS *<u>(TWO (2) OF THE SETS MUST BE WET-SIGNED)</u>***

- ____ **a. Title Sheet**
- ____ **b. Site plan**
- ____ **c. Architectural (*if applicable)***
- ____ **d. Civil site plan for sites requiring on-site hydrants, storm drain, sewer, water, etc. (*if applicable*)**
- ____ **e. Structural (*if applicable)***
- ____ **f. Existing and proposed floor plans**
- ____ **g. Plumbing (including gas, water and sewer line sizing, *if applicable*)**
- ____ **h. Mechanical (*if applicable)***
- ____ **i. Electrical (including load calculations & one-line diagram, *if applicable*)**
- ____ **j. Civil plot plan for sites requiring on-site hydrants, storm drain, sewer, water, etc. systems**
- ____ **k. Fire Sprinklers (if applicable, to be submitted on separate permit)**

____ **7. SIX (6) ADDITIONAL SITE PLANS: Submitted on <u>8 ½" x 11"</u> paper. Indicate <u>ALL</u> existing and proposed structures on the lot with actual and/or proposed distances to all property lines.**

____ **8. ONE (1) ADDITIONAL FLOOR PLAN (For San Joaquin County Assessor's Office)**

____ **9. ENERGY CALCULATIONS: *<u>(Two (2) copies required, if applicable)</u>***

____ **10. TRUSS PLANS, CALCULATIONS, AND LAYOUT: *<u>(Two (2) copies required, if applicable)</u>*. Manufacturer's truss plans and calculations must be identified and cross-referenced to layout plan. Calculations shall have the Engineers stamp and include a <u>Wet signature</u> of a California Licensed Engineer.**

____ **11. SOILS REPORT: (*<u>Two (2) copies required, if applicable)</u>***

____ **12. JOB SPECIFICATIONS: *<u>(One (1) copy required</u>*, <u>if applicable</u>)**

____ **13. STRUCTURAL CALCULATIONS: *<u>(Two (2) copies required, if applicable)</u>*. All Engineering submittal documents shall have the appropriate stamp and include a <u>Wet signature</u> of a California Licensed Engineer or Architect.**

APPLICATION ACCEPTED BY: _____ DATE: _____

CITY OF LODI
COMMUNITY DEVELOPMENT DEPARTMENT
221 WEST PINE STREET
LODI, CA 95240
(209) 333-6714 FAX (209) 333-6842

TITLE SHEET

1. Provide assessor's parcel number, site address with tenant space number (if applicable) and legal property owner on the Title Sheet.

2. Provide a detailed scope of work.

3. A. PROJECTS REQUIRED BY STATE LAW TO BE PREPARED BY ENGINEER OR ARCHITECT: All plans, specifications, reports and calculations shall be prepared by a licensed architect or registered civil or structural engineer. The final documents shall bear the seal and wet signature of said responsible person along with the license or registration number and expiration date on each sheet of drawings. Calculations, specifications, and reports may be so endorsed on the first page only on bound documents showing page number and total number of pages.

   B. PROJECTS EXEMPT FROM REQUIREMENTS OF ENGINEER OR ARCHITECT TO PREPARE PLANS: Provide name of person responsible for the preparation of the plans. A wet ink signature is required on all instruments of service.

4. Show on the Title Sheet all buildings, structures, and adjacent occupancies that may affect the proposed construction. Any portion of the project shown on the Site Plan that is not included with the building permit application file should be clearly identified as "not included" on the Site Plan or Title Sheet.

5. Provide a building code data legend on the Title Sheet. Include the following code information for each building or areas proposed:

   a. Description of use
   b. Occupancy group(s)
   c. Type of construction
   d. Sprinklers (yes or no)
   e. Stories
   f. Floor area
   g. Occupant load

6. Show on Title Sheet the Special Inspection requirements per CBC Sec. 1704.

7. Provide the statement "This project shall comply with the 2016 California Building Code, 2016 California Plumbing Code, 2016 California Mechanical Code, 2016 California Electrical Code and the 2016 California Energy Code" on the Title Sheet.

CITY OF LODI
COMMUNITY DEVELOPMENT DEPARTMENT
221 WEST PINE STREET
LODI, CA 95240
(209) 333-6714 FAX (209) 333-6842

Plan Check Routing Instructions

Your plans will be accepted for plan review by the Building Inspection Division.
The Building Inspection Division will distribute the plans to the appropriate City Departments.

Each Department will notify the project manager when their respective plan reviews have been completed and corrections are required and plans are ready to be picked up by applicant.

You, as the applicant, will be responsible to return a set of corrected plans along with the red lined plans back to the appropriate departments. The return of corrected plans and re-submittal(s) will be handled by each City Department.

Each City Department will return the "approved" plans to the Building Inspection Division.

It is very important to provide accurate information regarding your Project Manager. This person will be the contact for all departments.

The following department information is provided:

DEPARTMENT	ADDRESS	CONTACT	PHONE #	E-MAIL
Public Works Dept	221 W. Pine Street		(209) 333-6706	
Electric Utility Dept	1331 S. Ham Lane		(209) 333-6763	
Planning Division	221 W. Pine Street		(209) 333-6711	
Code Enforcement	215 W. Elm Street		(209) 333-6823	
Building Inspection Div.	221 W. Pine Street	Bob Vrabel	(209) 333-6800 X2639	bvrabel@lodi.gov

COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division
221 West Pine St./PO Box 3006, Lodi, CA 95241-1910
(209) 333-6714

CONSTRUCTION PERMIT APPLICATION

#1 IDENTIFY YOUR BUILDING PROJECT

Application Number:_____ Intake Person(office use only)_____

APN:_____ **Job Site Address**:_____ Suite or Space # _____

This permit is to be issued in the name of the (__) Licensed Contractor or (__) the Property Owner as the permit holder of record who will be responsible and liable for the construction.

Property Owner Information: Name _____ Tel No_____

Mailing Address_____

Contact Name: _____**Ph#** _____ **E-mail:**_____

Project Type: _____Commercial _____Residential **Permit Type(s):** _____BLDG _____MECH _____PLUMB _____ELEC

Scope of Work: _____

_____

_____

_____ If stucco, how many SF?_____

Contract Value: $_____ Const. Type: _____ Occupancy Type: _____

Is Bldg. Sprinklered? Yes No Is Bldg. Conditioned? Yes No Existing/Proposed Well or Septic? Yes No

Existing Use:_____ Proposed Use:_____# of Stories:_____ # of Units:_____

Comm. Sq. Ftg.: Office:_____ Retail:_____ Warehouse:_____ Other:_____

Res.Sq. Ftg.: Total Sq. Ftg._____ Dwelling:_____ Gar:_____ # of cars _____ Patio/Porch:_____ Deck:_____

#2 IDENTIFY WHO WILL PERFORM THE WORK (Complete *either* 2a *or* 2b)

2a – CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name and Address: _____

License Number and Class: _____ **Contractor Signature** _____

2b – OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).):

(__) I, as owner of the property, or my employees with wages as their sole compensation, will do (_) all of *or* (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

(__) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

(__) I am exempt from licensure under the Contractors' State License Law for the following reason:

_____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Property Owner or Authorized Agent signature_____ Date _____

#3 IDENTIFY WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY

WARNING: **FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

WORKERS' COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations:

(__) I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No. _____

(__) I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier_____ Policy No_____ Expiration Date_____

Name of Agent _____ Tel No _____

(___) I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).
Lender's Name and Address_____
_____

#4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT

By my signature below, I certify to each of the following:

I am (__) a California licensed contractor or (__) the property owner* or (__) authorized to act on the property owner's behalf.**

_____ **All existing survey monuments are to be preserved per California Senate Bill 1467. It is the applicant's responsibility to ensure that all monuments are properly protected and/or perpetuated. If any of the monuments are to be disturbed or are near the area of construction, it is the applicants responsibility to hire a licensed surveyor to confirm that the monument(s) has been protected and/or perpetuated and that the appropriate documentation has been recorded.**

I have read this construction permit application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

**requires separate verification form*
California Licensed Contractor, Property Owner* or Authorized Agent**: ***requires separate authorization form*

Signature _____ Date _____

SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT
COMPLIANCE QUESTIONNAIRE

4800 ENTERPRISE WAY, MODESTO, CA 95356
(209) 557-6400 • FAX (209) 557-6475

ATTENTION:_____ **FILE / PERMIT NUMBER:**_____

TO BE FILLED OUT BY APPLICANT FOR **NEW DEVELOPMENTS** OR PROJECTS INVOLVING **DEMOLITION AND/OR RENOVATION** AND SUBMITTED TO THE SJVAPCD OFFICE ABOVE

BUSINESS/PROJECT NAME:_____ **TODAY'S DATE:**_____

PROJECT SITE ADDRESS:_____ **CITY:**_____

CONTACT NAME:_____ **PHONE#:**_____ **FAX#:**_____

DEVELOPER:_____ **PHONE#:**_____ **FAX#:**_____

PLEASE CHECK THE APPROPRIATE BOXES:

NESHAP (Rule 4002- Building Demolition/Renovation)

1. Will any load-bearing structure be removed?.....**YES [ ] NO [ ]**

2. Amount of existing building material to be disturbed during this project:
   Greater than **260 linear feet** of insulated or non-metallic pipe or similar material.....**YES [ ] NO [ ]**
   Greater than **160 square feet** of interior or exterior wall, flooring, ceiling, roofing, ducting or other material.....**YES [ ] NO [ ]**
   Greater than **35 cubic feet** of other building material debris.....**YES [ ] NO [ ]**

Indirect Source Review (Rule 9510) (Rules available at **www.valleyair.org**)

3. Type of Space To Be Constructed (check all that apply) **[ ] Commercial [ ] Residential [ ] Educational [ ] Light Industrial [ ] Heavy Industrial [ ] Medical Office [ ] General Office [ ] Government [ ] Recreational [ ] Other/ Unidentified**

4. Square Footage of Building(s) to be Constructed _____ ft^2 **[ ] Tenant Improvement (TI) to Existing Space Only**

5. Number of Residential Units to be Constructed _____

Regulation VIII (Rule 8021- Dust Control at Construction and other Earthmoving Sites)

6. Will **1 or more acres** of land be disturbed as part of this project?.....**YES [ ] NO [ ]**

7. Will **2500 cubic yards** of material be excavated or relocated **on any 3 days** during the project?.....**YES [ ] NO [ ]**

FOR SJVAPCD USE ONLY

[ ] Asbestos/ NESHAP requirements satisfied OR in progress

Comments_____

[ ] Regulation VIII (Dust Control) requirements satisfied OR in progress

Comments_____

[ ] Indirect Source Review requirements satisfied OR in progress

Comments_____

REVIEWED BY:_____ **DATE:**_____

San Joaquin County
Environmental Health Department
1868 E Hazelton Avenue
Stockton, California 95205

Website: www.sjgov.org/ehd
Phone: (209) 468-3420
Fax: (209) 468-3433

DIRECTOR
Donna Heran, REHS

PROGRAM COORDINATORS
Robert McClellon, REHS
Jeff Carruesco, REHS, RDI
Kasey Foley, REHS
Linda Turkatte, REHS
Rodney Estrada, REHS
Adrienne Ellsaesser, REHS

HAZARDOUS MATERIALS DISCLOSURE SURVEY

A separate survey form is required for each business name and/or address in San Joaquin County.

Business Name: _____ Telephone: _____

Business Site Address: _____

Mailing Address (if different from above): _____

Business Owner(s) Name: _____ Telephone: _____

Business Owner Address: _____

Nature of Business: _____ Fire District: _____

Q1. □ Yes □ No Does your business handle a hazardous material in any quantity at any one time in the year? See the definition of hazardous material on page 2 of this form.

□ Yes □ No Does your business generate, treat, or store a hazardous waste in any quantity? (used oil, used antifreeze, waste solvent, etc.)

If your answer is "No" to both questions in Q1, please print, sign, and date the bottom of this form and return to the address above.

Q2. □ Yes □ No Does your business handle a hazardous material, or a mixture containing a hazardous material, in a quantity equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet at any one time in the year?

If "Yes", how long have you handled these materials at your business? _____

If "Yes", check any of the following conditions that apply to your business:

□ A. The hazardous materials handled by this business are contained solely in a consumer product packaged for direct distribution to and use by the general public.

□ B. This business operates a farm for purposes of cultivating the soil, raising or harvesting an agricultural or horticultural commodity.

Q3. □ Yes □ No Does your business handle an Acutely Hazardous Material? See definition on page 2.

Q4. □ Yes □ No Is your business within 1,000 feet of the outer boundary of a school? (Grades K-12)

I have read the information on this form and understand my requirements under Chapter 6.95 of the California Health and Safety Code (HSC). I understand that if I own a facility or property that is used by tenants, it is my responsibility to notify the tenants of the requirements which must be met prior to issuance of a Certificate of Occupancy or beginning of operations. I declare under the penalty of perjury that the information provided on this disclosure survey is true and accurate to the best of my knowledge.

Owner or Authorized Agent:

Print Name: _____ Date: _____

Signature: _____ Title: _____

Revised 11/07/12

San Joaquin County Environmental Health Department

HAZARDOUS MATERIALS PROGRAM

This survey form is intended to identify businesses which need to comply with the hazardous materials emergency planning and reporting requirements of the California Health and Safety Code (HSC) Chapter 6.95. This Chapter requires businesses which handle hazardous materials to prepare emergency plans for their employees to use in an emergency. Businesses must submit a copy of this plan, along with an annual inventory of their hazardous materials, to public safety agencies for use in protecting emergency responders and the general public. In San Joaquin County, the Environmental Health Department (EHD) has been authorized to administer this program as the Certified Unified Program Agency or CUPA. Should you have any questions about the CUPA program or this form, please contact EHD at (209) 468-3420.

Please consider the following guidelines when completing the questions on page 1:

Question 1:

The (HSC) section 25501(p) defines a "Hazardous Material" as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment. "Hazardous Materials" include but are not limited to, hazardous substances, hazardous waste, and any material that a handler or the administering agency has a reasonable basis for believing that it would be injurious to the health and safety of persons or harmful to the environment if released into the workplace or the environment. This includes, but is not limited to, fuels, petroleum products, paints, propane, oxygen, ammonia, chlorine, pesticides, fertilizers, and used oil. If a business generates any amount of hazardous waste they must enroll in the EHD Hazardous Waste Generator Program. Answer "Yes" if you use a material that meets the definition above in any quantity at least once in the year. If you are unsure, contact the EHD at (209) 468-3420 for assistance. If you answer "No" and at a later date your business, or a tenant on your property, begins handling hazardous materials, you must inform the EHD within 30 days.

Question 2:

If you answer "Yes", you must meet the requirements of HSC Chapter 6.95. The EHD will be contacting you to provide assistance. These requirements must be met prior to issuance of a certificate of occupancy. If you answer "No", our office may conduct an inspection after you begin operations to verify your exemption.

The HSC establishes some modified requirements or program exemptions for certain uses of hazardous materials. If you answered "Yes" to questions 1 and 2, a determination must be made if your business meets one of the exemptions listed. Check the appropriate boxes on page 1. The EHD will contact you to make a final determination if your business meets the exemptions.

A. Retail Exemption – Products packaged for direct distribution to the general public are exempt from the program. This exemption may not apply if any of the following conditions exist:
   1. The quantity handled creates an unacceptable public hazard
   2. The material is being used directly by the business as part of its operation in addition to being sold to the general public
   3. The general public doesn't have ready access to the product as stored by the business (e.g. in a warehouse).

B. Modified Farm Exemption – Farms, as stated in Question 2B on page 1, must meet modified program requirements. The definition of a farm in the law doesn't include businesses providing commercial pest control services, fertilizer application services, product processing services, or packing shed services for farmers. Farms qualifying for the exemption are still required to submit an annual chemical inventory and fee to the San Joaquin County Office of the Agricultural Commissioner (OAC) along with other requirements. Please contact the OAC for further information at (209) 953-6000. Businesses operating a commercial business in addition to a farm as defined must comply with the requirements of the Hazardous Materials Program for those materials associated with the commercial business.

Question 3:

The Federal and State governments have defined approximately 366 chemicals as an "Acutely Hazardous Material" (AHM). The most common AHM used in the county include: Chlorine, Ammonia, Sulfuric Acid, Methyl Bromide, Acrolein, Sulfur Dioxide, Formaldehyde, Nitric Acid, Vinyl Acetate Monomer, Hydrogen Peroxide, and many types of Pesticides.

Answer "Yes" if you use any of these specific chemicals in any quantity at any one time of the year. Contact the EHD if you're unsure for assistance.

Question 4:
Answer "Yes" if the boundary of your property or facility is or will be within 1,000 feet of the boundary of a school. (Grades K – 12)

Revised 11/07/12

CITY OF LODI

DEVELOPMENT IMPACT FEES

PUBLIC WORKS DEPARTMENT

This questionnaire is for all new homes, commercial buildings and industrial buildings. Attached is the Fee and Service Charge Schedule to be used for calculation purposes.

Please type or print clearly:

Job site address of business or home: _____

_____

Mailing address: _____

_____

Person(s) to contact about questionnaire: _____

Phone: ( ) _____ or ( ) _____ FAX ( ) _____

Email: _____

GENERAL INFORMATION

Building Size (commercial or industrial only): _____ square feet

Proposed Lot Size: _____ acres or square feet

Water Meter Size (circle one): ¾" 1" 1 ½" 2" 3" Other Unknown

Electrical Panel Size: Single Phase or Triple Phase (circle one), _____ volts _____ amps

Development Impact Mitigation Program
Schedule of Reduced Fees [1]

Land Use Category	Total Fee per Unit	Streets Fee/Unit	Police Fee/Unit	Fire Fee/Unit	Parks & Recreation Fee/Unit	General City Fee/Unit	Art In Public Places Fee/Unit
Residential							
Low Density	$5,940 [2]	$289	$307	$157	$1,584	$251	$33
Medium Density	$5,439 [2]	$157	$258	$132	$1,334	$211	$27
High Density	$1,792 [3]	$157	$215	$110	$1,111	$176	$23

Land Use Category	Total Fee per 1000 Bldg SF	Streets Fee/1000 Bldg SF	Police Fee/1000 Bldg SF	Fire Fee/1000 Bldg SF	Parks & Recreation Fee/1000 Bldg SF	General City Fee/1000 Bldg SF	Art In Public Places Fee/1000 Bldg SF
Commercial							
Retail	$2,578 [3]	$1,199	$330	$338	$406	$270	$35
Office	$3,079 [3]	$872	$528	$540	$650	$433	$56
Industrial	$1,179 [3]	$443	$176	$180	$217	$144	$19

Water/Wastewater Capacity Fees

Residential Fee/Meter			Non-Residential Fee/Meter		
Meter Size	Water Fee	Sewer Fee	Meter Size	Water Fee	Sewer Fee
5/8"	$846	$1,152	5/8"	$2,079	$2,831
3/4"	$1,263	$1,720	3/4"	$3,103	$4,225
1"	$2,109	$2,873	1"	$5,181	$7,056
1 1/2"	$4,206	$5,728	1 1/2"	$10,332	$14,070
2"	$6,732	$9,168	2"	$16,537	$22,521
3"	$12,631	$17,201	3"	$31,026	$42,253
4"	$21,056	$28,674	4"	$51,721	$70,435
6"	$42,099	$57,331	6"	$103,411	$140,828
8"	$67,360	$91,733	8"	$165,464	$225,333
10"	$96,841	$131,880	10"	$237,880	$323,951

Reference: Resolution 2012-142

Notes

1. Fees effective until December 31, 2019. Fees not subject to annual inflationary increases.
2. Includes 3/4" meter for water, 3/4" meter for wastewater and 200 amp electrical fees. Excludes storm drainage fees.
3. Water Capacity Fee, Wastewater Capacity Fee, Electrical Fee and Storm Drainage Fees not standardized.
   Fees will be adjusted based on information provided by Developer.

Development Impact Mitigation Program
Schedule of Reduced Fees

Storm Drainage Fees

Land Use Category	Zone 1	Zone 2
Residential	Fee/Unit	Fee/Unit
Low Density	$567	$1,725
Medium Density	$284	$862
High Density	$228	$693
Commercial	Fee/Acre	Fee/Acre
Retail	$14,640	$44,485
Office	$14,640	$44,485
Industrial	Fee/Acre $15,686	Fee/Acre $31,775
Institutional		Fee/Acre $31,775

South Wastewater Trunk Line Fees

Land Use Category	
Residential	Fee/Unit
Low Density	$481
Medium Density	$405
High Density	$337
Commercial	Fee/1,000 Bldg SF
Retail	$446
Office	n/a
Industrial	Fee/1,000 Bldg SF
	n/a

Electrical Fees

Residential
Fee/Panel

Panel Size	208 Volts	240 Volts	480 Volts
Single Phase Panel (Amps)			
60	n/a	$101	n/a
100	n/a	$168	n/a
125	n/a	$210	n/a
200	n/a	$336	n/a
400	n/a	$673	n/a
600	n/a	$1,009	n/a

Non-Residential
Fee/Panel

Panel Size	208 Volts	240 Volts	480 Volts
Single Phase Panel (Amps)			
60	n/a	$248	n/a
100	n/a	$413	n/a
125	n/a	$516	n/a
200	n/a	$826	n/a
400	n/a	$1,652	n/a
600	n/a	$2,478	n/a

Panel Size	208 Volts	240 Volts	480 Volts
Three Phase Panel (Amps)			
200	$1,178	$1,359	$2,718
400	$2,356	$2,718	$5,437
600	$3,534	$4,077	$8,155
800	$4,712	$5,437	$10,873
1,000	$5,890	n/a	$13,591
1,200	$7,068	n/a	$16,310
1,600	$9,423	n/a	$21,746
2,000	$11,779	n/a	$27,183
2,500	$14,724	n/a	$33,979
3,000	$17,669	n/a	$40,774

CITY OF LODI

PUBLIC WORKS DEPARTMENT

WATER/WASTEWATER BUILDING PERMIT QUESTIONNAIRES

To Non-Residential Applicants for a Building Permit,

In order to adequately meet your water and wastewater (sewer) needs and fairly calculate any appropriate charges we are requesting information on your business.

Per Lodi Municipal Code, 13.12.170, it is your responsibility to provide the City with a reasonable estimation of wastewater quantity and quality or other applicable units of measure.

Two separate water/wastewater questionnaires are attached. Fill out and return the one that fits your business most closely.

The Commercial Business questionnaire will cover most businesses which fall under one of the commercial categories listed on that questionnaire.

The Industrial/Commercial questionnaire is for businesses not covered under one of the commercial categories and uses water or discharges wastewater for more than normal bathroom uses for employees.

Some of the terms used on the questionnaire may be unfamiliar to you. The term employee means the total number of all classifications of employees that physically work at the site. See the reverse of this sheet for sample calculations including part time or temporary employees.

Please fill out the appropriate questionnaire completely and return to the address on side two. Your building permit cannot be issued until the questionnaire is returned and reviewed.

If you have questions or require assistance with the questionnaire, call the office of the Water/Wastewater Superintendent at (209) 333-6740.

City of Lodi
Public Works Department

DEFINITION AND EXAMPLES OF NUMBER OF EMPLOYEES

"EMPLOYEE" includes all employees: management, staff, union, non-union, part-time, temporary, etc.

The number of employees is based on "full-time employee equivalents", which is the employee time equal to a full time (40 hours/week), year-round employee. Part-time and/or temporary employees only count for their portion of a year-round, full time employee. Please see examples below:

EXAMPLE #1:

20 full time (year round) employees, and
4 part-time employees working 30 hours a week:

Part time/temporary Calculation: 30 hours/40 hours = 3/4 = **0.75**

Full Time Employees	Temporary Employees	Equivalent full Time Employees
20	-	20
-	**4 x 0.75**	3
	TOTAL	23

EXAMPLE #2:

30 full time (year round) employees, and
80 part-time employees working 6 months per year, and
150 part-time employees working 3 months per year:

Part time/temporary Calculation: 6 months/12 months = 1/2 = **0.50**
Part time/temporary Calculation: 3 months/12 months = 1/4 = **0.25**

Full Time Employees	Temporary Employees	Equivalent full Time Employees
30	-	30
-	**80 x 0.5**	40
-	**150 x 0.25**	37.5
	TOTAL	107.5

EXAMPLE #1:

20 full time (year round) employees, and
22 part-time employees working 20 hours a week for three months per year

Part time/temporary Calculation: 20 hours/40 hours = 1/2 = **0.50**
Part time/temporary Calculation: 3 months/12 months = 1/4 = **0.25**

Full Time Employees	Temporary Employees	Equivalent full Time Employees
20	-	20
-	**22 x 0.50 x 0.25**	2.75
	TOTAL	22.75

If you have any questions regarding employee calculations, contact the office of the Water/Wastewater Superintendent at 333-6740

CITY OF LODI

PUBLIC WORKS DEPARTMENT

COMMERCIAL

WATER/WASTEWATER QUESTIONNAIRE

This questionnaire is for businesses which use and discharge water only from normal employee restroom uses and/or the business type is listed in one of the commercial categories below. Attach additional sheets if needed.

Type or print clearly.

Name of proposed business: _____

Proposed address of

Lodi operation: _____

_____

_____

Present address of business _____

or home office: _____

_____

Person to contact about questionnaire: _____

Phone: ( ) _____ or ( ) _____ FAX ( ) _____

GENERAL INFORMATION

Which category number(s) below best describes your business? _____ _____

	User Description	Unit of Measure
1.	Meeting place, religious	seating capacity*
2.	Meeting place, public	seating capacity*
3.	Hotel, motel without kitchenettes	beds
4.	Hotel, motel with kitchenettes	each unit
5.	Veterinary clinic	employees
6.	Post office	employees
7.	Funeral parlor	employees
8.	Service station with service garages	pumps
9.	Service station without service garages	pumps
10.	Car wash, automatic bay	per bay
11.	Car wash, self serve bays	per bay
12.	School, 8th grade and below	students
13.	High school	students
14.	Eating place, seating only	seating capacity*
15.	Eating place, seating and take-out.	seating capacity*
16.	Eating place, "pizza parlor"	seating capacity*
17.	Eating place, take-out only	employees
18.	Lunch truck business	employees
19.	Laundry, coin-op., reg. mach.	machines
20.	Laundry, coin op., big mach.	machines
21.	Dry cleaning	employees
22.	Dentist's office	employees
23.	Office, store, warehouse, manufacturer (dry), Doctor's, Chiropractor's and X-ray offices	employees
24.	Grocery Store, Supermarket (Having veg/fruit or butcher/meat sections)	employees
25.	Bar	seating capacity*
26.	Barber, beauty shop	workstations
27.	Hospital, convalescent home	beds
28.	Rest and retirement home	beds
29.	Mobile home park	pads
30.	RV dump station	stations

*If seating capacity is unknown submit the area (in square feet) of the seating area (restaurants) or hall/pew area.

Give a brief description of how your proposed business may differ from the typical business in the category(s) indicated.

_____

_____

_____

_____

Continued on next page (side 2)

Commercial Business Questionnaire

Side 2

1. Total number of employees:

Existing employees (expansions only) _____ Initial employees (or after expansion) _____

Ultimate employees _____ (by approximately month _____, 19_____)

2. For categories which list **units of measure other than employees** (i.e. seating capacity, beds, etc.) list the initial and ultimate numbers for the units of measure. Unit of measure (from side one):_____

Existing (expansions only)_____ Initial (or after expansion) _____

Ultimate _____ by (approximately month) _____, 19_____)

Other Information:

3. Will there be or is there handling of chemicals or toxic substances? (not incl. packaged items to be sold)

Yes _____No _____ if yes, please list. (attach MSDS sheets if available)

_____

4. Any special **water** needs or circumstances? (i.e. temperature, booster pump, minimum water pressure, etc.)

Yes _____ No _____ if yes, explain _____

5. Any special **wastewater (sewer)** discharge needs or circumstances? (i.e. batch dumping, organics, grease)

Yes _____ No _____ if yes, explain _____

6. Any special **storm drain** needs or circumstances? (i.e. washdowns, potential spills)

Yes _____ No _____ if yes, explain _____

I attest that the information given is correct to the best of my knowledge.

Signed: _____ Date _____

Type or print name and title:_____

Return to: Lodi City Hall, Building Inspection
221 West Pine Street, Lodi, CA 95240

For questions call:
Water/Wastewater Office (209) 333-6740

revised 2/11/94

CITY OF LODI

PUBLIC WORKS DEPARTMENT

INDUSTRIAL
WATER/WASTEWATER QUESTIONNAIRE

This questionnaire is for businesses which use and/or discharge water other than normal restroom uses by the employees **and** is not covered by any of the commercial categories listed on the Commercial Questionnaire. Attach additional sheets if needed.

Please type or print clearly.

Name of proposed business:_____

Proposed address of Lodi operation: _____

_____

Present address of business or home office: _____

_____

Person(s) to contact about questionnaire: _____

Phone: ( )_____ or ( )_____ FAX ( ) _____

GENERAL INFORMATION

Type of operation(s), i.e. cannery, manufacturing (wet process), bakery, commercial laundry:

_____

_____

Total number of employees:

Existing(expansions only)_____ Initial(or after expansion) _____ Ultimate _____(by _____ ____, 19____)

Hours of operation per day _____ Number of shifts _____ Days per week _____

Any seasonal variations in operations? Yes _____ No _____ if yes, explain _____

_____

Name of firm(s) in other city(s) where you operate a similar business. Name(s):_____

Address: _____

_____

WATER NEEDS:

Number of water services required? _____ Size(s) _____ _____ _____ _____
(Include and indicate fire services)

Continued on side two.

Industrial/Commercial Business Questionnaire
Side 2

Estimated peak water requirements (in gallons per minute): _____

Estimated annual water requirements (gallons per year): _____

Will there be or is there handling of chemicals or toxic substances? (not including packaged items to be sold)

Yes _____ No _____ if yes, please list. (attach MSDS sheets if available) _____

_____

Other special water needs or circumstances? (i.e. temperature, booster pump, minimum water pressure, etc.)

Yes _____ No _____ if yes, explain_____

WASTEWATER (SEWER) NEEDS

Estimated peak daily discharge (in gallons per day): _____

Estimated annual wastewater discharge (in gallons per year): _____

Estimated strength (concentration) of discharge of Biochemical Oxygen Demand (BOD) and Total Suspended Solids (TSS) in milligrams per liter (mg/L or parts per million), if known:

BOD _____ mg/L TSS _____ mg/L

What kinds of materials may be discharged into the sewer other than normal restroom wastes? (i.e. heavy metals, oil or grease, sand or inert materials, pH above 8.5 or below 6.5, organics, solvents, boiler or cooling chemicals, high temperature, high suspended or dissolved solids, etc.)

_____

Other wastewater discharge needs or circumstances? (i.e. cooling water, sump pumps, batch discharges, etc.)

Yes _____ No _____ if yes, explain_____

STORM DRAINAGE NEEDS

Any special storm system needs or circumstances? (i.e. washdowns, potential spills) Yes _____ No _____, if yes, explain:

_____

I attest that the information given is correct to the best of my knowledge.

Signed: _____ Date _____

Type or print name and title:_____

Return to: Lodi City Hall, Building Inspection
221 West Pine Street, Lodi, CA 95240

For questions call:
Water/Wastewater Office (209) 333-6740

Revised 2/11/94

Service and Meter Application
Load Information Sheet

Please complete a separate sheet for each service entrance panel.

Project Name: _____

Site Address: _____

Location: _____

Electrical Contact: _____

Title: _____

Phone: _____

Application:

- ☐ New Construction _____ Sq. Ft.
- ☐ Building Addition _____ Sq. Ft.
- ☐ Relocating Existing Service Entrance
- ☐ EV Charge Meter
- ☐ Underground Service
- ☐ Overhead Service
- ☐ Commercial – No. of units _____ Sq. Ft.
- ☐ Residential – No. of units _____ Sq. Ft.

Service Voltage (check one):

- ☐ 120/240V 1-phase, 3-wire
- ☐ 120/240V 3-phase, 4-wire
- ☐ 120/208V 3-phase, 4-wire
- ☐ 277/480V 3-phase, 4-wire
- ☐ 480V 3-phase, 3-wire (Ungrounded–requires ground detection equip.)
- ☐ EV Rapid Charge
- ☐ Other: _____

Note: EV charge station voltage must match main service voltage

Timing:

Date of Ground Breaking (est.): _____

Date to Energize: _____

Date to Final Grade (est.): _____

Hours of Operation Per Day: ☐8 ☐12 ☐16 ☐24

Service Disconnect:

Size (amps: _____

Switch Rating percentage): _____

Total Connected Load Information:

(KW or HP)	Description	Connected Load: 1-phase	Connected Load: 3-phase
Lighting:			
VAC:			
Receptacle:			
Process Heat:			
Water Heat:			
Space Heat:			
Motors*:			
Welders**:			
EV Charge Service ***			
TOTAL LOAD			

*Motor Load detail included above:

Description	Quantity	Size (HP)	Efficiency Rating	Phase / Voltage	Nema Code	Starts Per Hr. or Day	Starting Amps	Use

**Welder detail included above:

Description	Quantity	Size (kVA)	Type	Max. Inst. Demant	P.F. at Peak	Welds Per Minute	Cycles Per Weld	Hours Per Day Use

*** EV Vehicle detail:

Make	Model	Year	Mfg. Rated Connected Load	Comments

Service and Meter Application
Sequence of Events

Applying for a new or modified electrical service:

The City of Lodi Electrical Utility wants your request to be handled in a timely, efficient manner. In order for this to happen smoothly, we will need some important information from you. Please complete the attached load information sheet and submit it with your building permit request. The more accurate your information, the better we can provide the service you need. If you have any questions regarding this form please contact the Electric Utility at (209) 333-6811. Information about the Electric Utility and its policies and regulations can be found on our website at www.lodielectric.com .

Fees:

General: Community Development will collect all building permit fees. At the time of application, the Engineering Department will estimate your "cost to connect" and you will be billed before work starts. Upon receipt of payment, the work will be scheduled. At the end of the job, actual costs incurred will be calculated, compared to the estimate, and your bill will be reconciled.

Residential: The Electric Utility will charge only the actual cost to connect your panel to our existing system. In the case of a subdivision, the entire subdivision will be handled as a commercial development.

Commercial Development: The developer is responsible for the entire cost of any new development. This includes the cost of the installation of all facilities that must be installed on the site for that development and those substructures and facilities that will need to be installed at that time for any future development. Typically that would mean additional empty conduit runs and/or vaults to serve adjacent properties.

Transmission and Substation System Charge: Any new development and/or electric load outside the City boundaries as such boundaries existed on August 1, 2006, are subject to an additional fee. This fee is calculated based on the City of Lodi's Electric Utility Department Rule 15 and must be paid prior to construction.

Setting Your Meter:

Two things will have to happen before we can set your meter. First you must obtain a final inspection form the Building Department. An inspection can be scheduled by calling (209) 333-6716. Second, you must be signed up with the Finance Department for your new service. Once you have a signed final inspection, contact Billing Services at (209) 333-6719 to arrange for an electric meter set.

I hereby certify

Customer/Contractor Signature: _____ Phone: _____

Building/Project Address: _____

Date: _____