Los Angeles Department of Water and Power

CERTIFICATE OF COMPLIANCE

MUNICIPAL WATER CONSERVATION ORDINANCE

Property Address:_____

PLEASE PRINT. ADDRESS SHOWN MUST MATCH SERVICE ADDRESS ON MUNICIPAL SERVICES BILL.

City Zip Code:_____ Number of Floors: _____

Total number of toilets in Residence or Building:_____

Number of new ultra-low flush toilets installed: _____Install Date: _____

THIS IS TO CERTIFY THAT, BASED ON PERSONAL KNOWLEDGE, EACH WATER CLOSET, URINAL AND SHOWERHEAD AT THE ABOVE LISTED ADDRESS COMPLIES WITH THE REQUIREMENTS OF CITY ORDINANCE NO. 172075. ALL PROPERTIES MUST HAVE LOW-FLOW SHOWERHEADS. RESIDENTIAL PROPERTIES MUST HAVE ULTRA-LOW FLUSH TOILETS PRIOR TO THE CLOSE OF ESCROW. THIS CERTIFICATE AND THE APPROPRIATE PROCESSING FEE MUST BE FILED WITH THE DEPARTMENT OF WATER AND POWER NO MORE THAN 15 DAYS AFTER COMPLETION OF THE INSPECTION.

PROCESSING FEE SCHEDULE	No. of Floors	FEE
SINGLE FAMILY DWELLING DUPLEX/CONDO	N/A	$15.00
COMMERCIAL/INDUSTRIAL/SMALL BUSINESS TRIPLEX/ APARTMENT BUILDING	1 to 3 Floors	$25.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	4 to 9 Floors	$50.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	10 Floors	$75.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	Over 10 Floors	$75.00 + $5 per add'l floor
TOTAL FEE DUE		$

INDICATE TYPE OF BUILDING:

- ☐ SINGLE FAMILY DWELLING / DUPLEX/CONDO
- ☐ TRIPLEX
- ☐ APARTMENT BUILDING: SPECIFY NO. OF UNITS_____
- ☐ COMMERCIAL/INDUSTRIAL BUILDING
- ☐ SMALL BUSINESS*

*Small business defined as Commercial/Industrial building with 2 or fewer tank type toiles and 2 or fewer showers. No urinals.

PLEASE MAKE CHECK PAYABLE TO: LOS ANGELES DEPARTMENT OF WATER AND POWER
**** PRINT PROPERTY ADDRESS ON THE CHECK ****

PRINT NAME OF LICENSED PLUMBING CONTRACTOR (C-36 LICENSE,) GENERAL CONTRACTOR (B LICENSE,) RETROFITTER OR REAL ESTATE AGENT/BROKER

LICENSE # OF: PLUMBING CONTRACTOR (C-36 LICENSE,) GENERAL CONTRACTOR (B LICENSE,) CERTIFIED RETROFITTER OR AGENT/BROKER

( ) TELEPHONE NUMBER

ORIGINAL SIGNATURE OF PLUMBER, CONTRACTOR, RETROFITTER OR REAL ESTATE AGENT/BROKER

INSPECTION DATE

PRINT NAME OF PROPERTY OWNER (SELLER)

SIGNATURE OF OWNER (SELLER)

DATE

PRINT NAME OF PROPERTY BUYER

SIGNATURE OF BUYER

DATE

NAME OF ESCROW COMPANY

ESCROW COMPANY ADDRESS

ESCROW COMPANY CITY AND ZIP CODE

RETURN ORIGINAL WITH PAYMENT TO:

LOS ANGELES DEPARTMENT OF WATER AND POWER
ACCOUNT SERVICES UNIT
P O BOX 515406
LOS ANGELES CA 90051-6706
(888)284-6130 (213)367-3526

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO AVOID DELAYS IN PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.
REVISED 10/24/02

PLEASE NOTE: IT IS PERMISSIBLE TO PHOTOCOPY THIS FORM.