



# COMMUNITY DEVELOPMENT AGENCY

## DEVELOPMENT SERVICES DIVISION

<http://www.edcgov.us/DevServices/>

**PLACERVILLE OFFICE:**

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**BUILDING**

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**LAKE TAHOE OFFICE:**

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South Lake Tahoe, CA 96150

(530) 573-3330

(530) 542-9082 Fax

### INSTALLATION CERTIFICATIONS FOR A FULLY BONDED, WATERPROOF SHOWER SYSTEM

Owner: \_\_\_\_\_ APN: \_\_\_\_\_

Site Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

Name of Product Used: \_\_\_\_\_

Listing Organization: \_\_\_\_\_

Listing Number: \_\_\_\_\_

This form is a permanent Development Services record. At least one fully bonded waterproof shower system covered by the issuance of this permit has been installed at this location. Said system/s has/have been installed per the manufacturer's installation instructions and listing of the product. I am an appropriately licensed, insured and bonded contractor within the State of California.

I affirm the above statement is true and factual.

**This form must be completed and available to the Building Inspector at the time of final inspection.**

Contractor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

Contractor's Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Exp Date: \_\_\_\_\_