



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 – 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 toilets 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 _____

Newhall Escrow Company
NAME OF ESCROW COMPANY

24010 Lyons Avenue
ESCROW CLOSING ADDRESS

Newhall, CA 91321
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.