



City of San Clemente Building Division

910 Calle Negocio, Suite 100, San Clemente CA 92673
(949) 361-6100 Fax (949) 361-8281 - www.san-clemente.org

BA-2

REQUEST FOR TEMPORARY RELEASE OF UTILITIES

I hereby request that temporary electrical and/or gas service be released by the Building Division for:

_____ (Address)

This temporary service is necessary due to the following reasons: _____

Electrical Permit #: _____ Plumbing Permit #: _____

I realize that this release of utilities does not constitute a final inspection and agree that the building will not be occupied until final inspection is made and all requirements of the Building, Fire, Planning, Police and Engineering Departments have been met and the Certificate of Occupancy is issued.

TEMPORARY SERVICE MAY BE GRANTED FOR A MAXIMUM OF _____ DAYS.
INDEMNIFICATION LETTER REQUIRED. (SEE SAMPLE ATTACHED)

(Owners Name) Please Print (Signature of Owner or Agent)

(Address) (Title)

(Telephone Number) (Date)

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BUILDING DIVISION USE ONLY

Inspectors check out:

Inter-Department Approvals:

Building: _____ Date: _____
Mechanical: _____ Date: _____
Plumbing: _____ Date: _____
(call Gas Co. type of service _____
Electric: _____ Date: _____
(call Electrical Co. type of service _____

Police: _____ Date: _____
Engineering: _____ Date: _____
Planning: _____ Date: _____
Fire: _____ Date: _____
Other: _____ Date: _____

APPROVAL TO CALL UTILITIES: _____ Date: _____
(Building Inspector)

SAMPLE INDEMNIFICATION LETTER

City of San Clemente
Building Division

Permit #:_____ Job Site Address:_____

To Whom It May Concern:

This letter of indemnification is to advise that the undersigned Electrical Contractor takes full responsibility for the installation of electrical wiring, subpanels and service panels installed at the above address and hereby holds harmless the City of San Clement / Building Division as it applies to any electrical installation and equipment installed by the electrical contractor.

Contractor Business Name:_____

Contractor Signature: _____ Date:_____

Print Name:_____