



DEPARTMENT OF PLANNING AND BUILDING

VICTOR HOLANDA, AICP
DIRECTOR

Title 8: Retrofit Verification Form

Date: _____

Address: _____

APN: _____

Seller: _____

Agent: _____

Inspector: _____

Certification: _____

Bathroom #1

Existing Toilet Low Flow? Yes/No _____ **gpf** _____ New Toilet: _____ **gpf**
Circle one (e.g 1.6)

Existing Showerhead Low Flow? Yes/No _____ **gpm** _____ New shrhead: _____ **gpm**
Circle one (e.g. 2.5; 5.0)

Faucet Aerators Present? Yes/No _____
Circle one

New Aerator Installed? Yes/Not applicable _____
Circle one

Bathroom #2

Existing Toilet Low Flow? Yes/No _____ **gpf** _____ New Toilet: _____ **gpf**
Circle one (e.g 1.6)

Existing Showerhead Low Flow? Yes/No _____ **gpm** _____ New shrhd: _____ **gpm**
Circle one (e.g. 2.5; 5.0)

Faucet Aerators Present? Yes/No _____
Circle one

New Aerator Installed? Yes/Not applicable _____
Circle one

If used for Title 19 – name of builder/owner and address/APN of site: _____

Certificate #: _____

Staff: _____