



<b>For District Use Only:</b>
Permit No: _____
Permit Fee: _____
Application Date: _____

## SEWER LATERAL PERMIT APPLICATION

<b>Project Address:</b>  City: San Rafael      State: CA      Zip: 94903	<b>Property Owner Name:</b> (if different from applicant)
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**Applicant Name:** \_\_\_\_\_     
  Commercial   
  Owner   
  Residential   
  Contractor

**Mailing Address:** (if different from above) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Property Owner:** Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Work:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Pipe Material to be Used:</b> _____	<b>Lateral Length:</b> (To be Replaced) _____
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<b>Contractor Information</b>	<b>Loan Application Information</b>
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<b>Company Name:</b> _____	Have you applied for the Loan Program? <input type="radio"/> YES <input type="radio"/> NO
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<b>Street Address:</b>  City: _____ State: _____ Zip: _____	<b>IMPORTANT</b> Please be aware that you must approved for your Loan <i>PRIOR</i> to work being done to your sewer lateral, otherwise you will be denied funding (emergency circumstances may considered). <i>I acknowledge this statement (initials):</i> _____
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<b>Contact Name:</b> _____	<b>Permit Type (Specify):</b>
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Phone: _____ Cell: _____ Email: _____ State License #: _____ CA License Classification(s): _____	<input type="checkbox"/> <b>Full Lateral Replacement</b> <input type="checkbox"/> <b>Spot Repair/Cleanout Installation</b> <input type="checkbox"/> <b>Replace Wye</b> <i>Contact District before removal of existing Wye/Tee</i>  For sewer mains larger than 8", contact the District for connection requirements at 415-472-1734.
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**Encroachment Permit:**   
  Not required for work on private property (Check one)   
  Work includes excavation in the Public Right of Way. Encroachment Permit # \_\_\_\_\_

**REQUIRED — I agree to (check all):**  
 Not start work without an approved District Permit.  
 Schedule an inspection with the District at lease 48 hours prior to backfill.  
 Provide a CCTV inspection to the District (for review prior to construction) for laterals with existing bellies/sags.  
 Inside pipe camera required during inspection.

_____ Print Name of Applicant	_____ Signature of Applicant	_____ Date
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**To obtain the permit number, email the completed application form to: [pamatori@lgvsd.org](mailto:pamatori@lgvsd.org)**  
  
 All sewer lateral installations and related work shall be constructed in conformity with District Specifications, rules, and regulations. Upon completion of construction, but prior to backfill, the District must perform an on-site final inspection.

To schedule an inspection please call one of the phone numbers provided in the email when our permit number was issued.