

ALMONTE SANITARY DISTRICT

Shonn Dougherty, District Manager

(415) 388-8775 OFFICE

PERMIT APPLICATION
PRIVATE SEWER LATERAL

FOR DISTRICT USE ONLY

PERMIT NO: _____

PERMIT FEE: \$ _____

APPLICATION DATE: _____

EXPIRATION DATE: _____

LATERAL INSPECTION REVIEW – CONSTRUCTION – REPAIR – REPLACEMENT

NAME: FIRST & LAST (PROPERTY OWNER) _____

ADDRESS _____

CROSS STREET _____

PHONE _____ CELL _____ FAX _____

APPLICANT, IF DIFFERENT THAN ABOVE (Plumber or Contractor)

APPLICANT NAME _____

ADDRESS _____

PHONE _____ CELL _____ FAX _____

LOCATION OF WORK PUBLIC RIGHT OF WAY (Marin County or Mill Valley Encroachment Permit required.)
 EASEMENT/PRIVATE PROPERTY

NATURE OF WORK PRIVATE LATERAL INSPECTION REVIEW
 REPAIR OR REPLACEMENT OF PRIVATE LATERAL
 NEW CONSTRUCTION OF PRIVATE LATERAL

I AGREE TO THE FOLLOWING:

If replacement or repair, will submit written Repair Proposal with drawings.

Will not start work without approval of Repair Proposal

Will have the bedding 1/2 way up pipe with bands and pipe joints exposed for District review before backfilling

Will have all pipes connected and cleanout(s) installed (where applicable)

Will contact District representative Shonn Dougherty (415) 388-8775 Office or manager@almonteSD.org at least (1) business day in advance of site inspections to confirm inspections times.

DATE WORK SCHEDULED TO START _____

APPLICANT SIGNATURE _____ DATE _____

FOR DISTRICT USE ONLY:

REPAIR PROPOSAL APPROVAL DATE _____ REVIEWED BY _____

DATE INSPECTED _____ INSPECTED BY _____

TEST (AIR OR WATER) _____ CCTV OF REPAIR _____

Existing Pipe Material _____ Repair Pipe Material _____

Length of Lateral _____ Distance from Left Property Corner _____

Repair Length _____ Connection Type (At Main) _____

Upstream MH _____ Downstream MH _____

Overflow (Contra Costa Valve) Required Yes No Backflow (Check Valve) Required: Yes No

COMMENTS:

