



EAST PALO ALTO SANITARY DISTRICT

APPLICATION & PERMIT FOR SEWER LATERAL CONNECTION

Property Location [] (Number) [] (Street) APN []

Property Owner [] (Name) [] (Address) [] (E-mail)

THIS CONNECTION WILL SERVE: Phone ([]) []

RESIDENTIAL New Existing Single Family Multiple Family Condominium Subdivision [] No. Dwelling Units

COMMERCIAL/ INDUSTRIAL Type of use []
Estimated waste water discharge: Daily [] Monthly []

Contractor who will be constructing lateral sewer and/or making building sewer connection to lateral sewer.

Contractor [] (Name) [] (Address) [] (E-mail)
License No. [] Phone ([]) []

In consideration of the granting of a Connection permit, the undersigned agrees:

- 1) To accept and abide by all provisions of the Sanitary Code of East Palo Alto Sanitary District and all other pertinent ordinances or regulations that may be adopted in the future.
- 2) To maintain the entire Sanitary Sewer Lateral associated with the property address at no expense to East Palo Alto Sanitary District, and to provide the District access to the lateral through a cleanout conforming to District Standard Details at the property line.
- 3) To obtain a plumbing permit for and inspection of the proposed on site building sewer construction from the Building Department of the City of []
- 4) To obtain an encroachment permit from the City of []
- 5) Notify District two (2) working days in advance of starting work on lateral construction.

Applicant [] (Name) [] (Address) [] (Email)
Phone ([]) []

Signed by [] Date []

Permit Fee []	TOTAL FEES []
Lateral Inspection Fee []	Construction has been inspected and approved.
Connection Fees []	[]
\$ [] per unit	EAST PALO ALTO SANITARY DISTRICT
x [] unit(s)	