

## LATERAL PERMIT APPLICATION

PROJECT INFORMATION		Date Submi	Date Submitted	
Project Name		Tract or Pa	Tract or Parcel Map No.	
Parcel Address		City	ZIP	
APN	Lot or Parcel IDs	Building or	Unit IDs	
Owner Name		Owner-Buil	der?	
Owner Phone	Owner Email			
Contractor Co. Name		Ph	none	
Address		City	State ZIP	
License No.	License Class: ** 🗌 A, 🔲 🛭	3, 🗌 C21, 🗌 C34, 🗌 C36	5, 🗌 C36 & C12, 🔲 C42, 🔲	
Contact Name		Ph	none	
Contact Email Cell Phone		ell Phone		
STRUCTURE TYPE	☐ Single-Family Residential, Accessor ☐ Apartment, Condominium, Town ☐ Commercial, Industrial, Office, Re ☐ Other	home (residential, comp estaurant, School, etc. (n	any or similar entity owned) on-residential)	
TYPE OF SEWER WORK	☐ Long Trench (over 10' long) ☐ Short Trench (length 10' or less) ☐ Pipe Bursting ***			
LOCATION OF WORK	<ul> <li>On-Site, Building to Property Line (work within parcel)</li> <li>Off-Site, Property Line to Main, in Street or ROW (<u>MUST</u> Answer question #3 below) **</li> </ul>			
<b>DESCRIPTION OF WORK</b> (check all that apply)	□ Lateral Repair/Replacement       □ Install Cleanout/Backflow       □ New Building         □ Demolition/Sewer Capping       □ Building Addition/Remodel       □ Lateral Reconnect         □ Other			
<ol> <li>Do you have a City</li> <li>Is work in public RO</li> <li>Will the work invol</li> <li>For Demolition/Seo</li> <li>When will sewer work</li> <li>When would you li</li> </ol> STANDARD REQUIREMENT * Owner-Builder must submoder * Excavation ≥ 5' deep &/O *** Pipe Bursting: A Pipe Bursti	Business License where the above des Building Permit for this work? Permit DW? City Encroachment/TC Permit Nove excavation 5 feet or more in depth wer Capping, will the sewer lateral(s) by work start?  Date:	No	YES NO N/A YES NO N/A YES NO N/A  g) ** YES NO NO YES NO N/A TO noon? 1pm to 3pm?  Ition Form TC36 with C12 licensure.  must be submitted for permit.  t, and agree to pay the required	
District Notes/Special Re	er: (Signature)equirements:			
By:	District PTS Project No	o.: Pern	nit Date:	