

LATERAL PERMIT APPLICATION

PROJECT INFORMATION		Date Subn	Date Submitted		
Project Name		Tract or Parcel Map No			
Parcel Address		City	z	IP	
APN	Lot or Parcel IDs	Building o	r Unit IDs		
Owner Name		Owner-Bu	ilder? YES*	☐ NO or N/A	
Owner Phone	Owner Email				
Contractor Co. Name		P	hone		
Address	City		State_	ZIP	
	License Class: ** A, B, C21,				
Contact Name		P	hone		
Contact Email	Cell Phone				
STRUCTURE TYPE	 ☐ Single-Family Residential, Accessory Dwelling ☐ Apartment, Condominium, Townhome (rest ☐ Commercial, Industrial, Office, Restaurant, ☐ Other 	idential, com School, etc. (r	pany or similar non-residential)	entity owned)	
TYPE OF SEWER WORK	☐ Long Trench (over 10' long) ☐ Short Tren	nch (length 10	' or less) 🔲 F	Pipe Bursting ***	
LOCATION OF WORK	 On-Site, Building to Property Line (work within parcel) Off-Site, Property Line to Main, in Street or ROW (<u>MUST</u> Answer question #3 below) ** 				
DESCRIPTION OF WORK (check all that apply)	☐ Lateral Repair/Replacement☐ Demolition/Sewer Capping☐ Other	ddition/Remo	odel 🔲 Lat	w Building eral Reconnect	
 Do you have a City Is work in public Red Will the work invo For Demolition/Se When will sewer with the would you! STANDARD REQUIREMENTAL STANDARD REQ	Business License where the above described wo Building Permit for this work? Permit No	9am mation Verific A, C34, C42, c	y ing) **	Is NO N/A Is NO N/A INO N/A NO N/A NO N/A Ipm to 3pm? Ilicensure. Itted for permit. In pay the required	
	er: (Signature)equirements:				
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Ву:	District PTS Project No.:	Per	mit Date:		