

RODEO SANITARY DISTRICT  
800 San Pablo Ave  
Rodeo, California 94572  
Telephone (510) 799-2970 Fax (510) 799-5403

BUILDING SEWER REPLACEMENT GRANT PROGRAM

GRANT APPLICATION

PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PROJECT INFORMATION

Project Address: \_\_\_\_\_  
Quote 1 – Contractor Name and Address: \_\_\_\_\_  
Contractor License Number: \_\_\_\_\_  
Permits Required: \_\_\_\_\_  
Closed Circuit TV Inspection: \_\_\_\_\_ Air Testing: \_\_\_\_\_  
\_\_\_\_\_ Feet (Length of lateral replacement)

PROJECT AND FUNDING APPROVAL

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_  
Total Grant Funding: \$ \_\_\_\_\_  
Reviewing Party: \_\_\_\_\_

*Copies of all quotes must be attached with this Application.*

**THIS SECTION FOR OFFICE USE ONLY**

D/M Review \_\_\_\_\_  
Permit # \_\_\_\_\_

\_\_\_\_\_ All paperwork submitted "APPLICATION COMPLETE"  
Date & Initials

\_\_\_\_\_ Submitted to A/P for Payment  
Date & Initials