

**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)

*Copy of Contractor invoice showing “paid in full” must be attached with this Application*

**THIS SECTION FOR OFFICE USE ONLY**

**PROJECT AND FUNDING APPROVAL**

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Total Grant Funding: \$ \_\_\_\_\_

Reviewing Party: \_\_\_\_\_

D/M Review \_\_\_\_\_

Permit # \_\_\_\_\_

\_\_\_\_\_ All paperwork submitted “APPLICATION COMPLETE

Date & Initials

\_\_\_\_\_ Submitted to A/P for Payment

Date & Initials