

Rodeo Sanitary District

800 San Pablo Ave. Rodeo, CA 94572 Tel: (510) 799-2970 / Fx: 510-799-5403 Email to: permitting@rodeosan.org

SEWER PERMIT APPLICATION

Applicant Information ☐ Agent ☐ C	ontractor	□ Owner	□ Permit Facilitator
Contact Name:	Address	:	
E-mail:Phone#:			
Owner Information APN: Contact Name: Address:		Contractor License #: Contact Name:	:
E-mail:			
Phone #:			
Fax #:			
Project Address(es):			
Description and Location(s) of Work: Estimated Start/End Dates:		# of days wo	orking in R-O-W:
			ent ☐ Clean-Out Installation
Material Information	<u> </u>		
Length of pipe being replaced:		Pipe Materi	ial:
Pipe Fitting Material and Type: Joint Type:			e:
Coupling Manufacturer:			
Type of Overflow Protection Device:			
Required Attachments:			
☐ CAL OHSA T-1 Annual Trench / Excavation	☐ Traffic Control Pl	lan	
☐ Certificate of Insurance with Additional Insu	red		
APPLICANT MUST READ ALL REQUIREMENTS AT ALL TIMES WHILE WORK IS BEING PERFO permitting@rodeosan.org AT LEAST 48 HOR	RMED. TO	ARRANGE FOR INSPE	ECTION, EMAIL

U.S.A. AT (800) 227-2600 AT LEAST 48 HOURS PRIOR TO EXCAVATION.

Sketch		
Please provide a sketch of the proposed work showing street, existing building(s), and property lines. For repairs, show existing side sewer and the section of the line to be repaired. For alterations and/or extensions, show new building(s) and new branch side sewer. A plan or seperate sketch may be attached if desired.		
As the applicant of this project, I agree to the following:		
 The Owner of the above mentioned property is aware and authorizes the submittal of this permit application. 		

The information and statements given on this application, drawings and specifications are true and correct to the best of my knowledge.

Applicant's PRINTED name Applicant's Signature Date

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