LATERAL PERMIT APPLICATION

USD TREAT PROTECT PRESERVE est.1918 TRI-CITY WASTEWATER

PROJECT INFORMATION **Date Submitted** _____

Project Name _____ **Tract or Parcel Map No.** _____

Parcel Address _____ **City** _____ **ZIP** _____

APN _____ **Lot or Parcel IDs** _____ **Building or Unit IDs** _____

Owner Name _____ **Owner-Builder?** ☐ YES* ☐ NO or N/A

Owner Phone _____ **Owner Email** _____

Contractor Co. Name _____ **Phone** _____

Address _____ **City** _____ **State** ____ **ZIP** _____

License No. _____ **License Class: **** ☐ A, ☐ B, ☐ C21, ☐ C34, ☐ C36, ☐ C36 & C12, ☐ C42, ☐ ____

Contact Name _____ **Phone** _____

Contact Email _____ **Cell Phone** _____

STRUCTURE TYPE
- ☐ Single-Family Residential, Accessory Dwelling Unit (residential, private owner)
- ☐ Apartment, Condominium, Townhome (residential, company or similar entity owned)
- ☐ Commercial, Industrial, Office, Restaurant, School, etc. (non-residential)
- ☐ Other _____

TYPE OF SEWER WORK ☐ Long Trench (over 10' long) ☐ Short Trench (length 10' or less) ☐ Pipe Bursting ***

LOCATION OF WORK
- ☐ On-Site, Building to Property Line (work within parcel)
- ☐ Off-Site, Property Line to Main, in Street or ROW (***MUST*** *Answer question #3 below)* **

DESCRIPTION OF WORK (check all that apply)
- ☐ Lateral Repair/Replacement ☐ Install Cleanout/Backflow ☐ New Building
- ☐ Demolition/Sewer Capping ☐ Building Addition/Remodel ☐ Lateral Reconnect
- ☐ Other _____

ANSWER THE FOLLOWING QUESTIONS:

1. Do you have a City Business License where the above described work will be performed? ☐ YES ☐ NO
2. Do you have a City Building Permit for this work? Permit No. _____ ☐ YES ☐ NO ☐ N/A
3. Is work in public ROW? City Encroachment/TC Permit No. _____ ☐ YES ☐ NO ☐ N/A
4. Will the work involve excavation 5 feet or more in depth? (requires trench shoring) ** ☐ YES ☐ NO
5. For Demolition/Sewer Capping, will the sewer lateral(s) be reused? . . . . . ☐ YES ☐ NO ☐ N/A
6. When will sewer work start? Date: _____
7. When would you like an inspection? Date: _____ ☐ 9am to noon? ☐ 1pm to 3pm?

STANDARD REQUIREMENTS & RESTRICTIONS

* Owner-Builder must submit an Owner-Builder Acknowledgement & Information Verification Form ☐

** Excavation ≥ 5' deep &/or work in public ROW requires contractor have A, C34, C42, or C36 with C12 licensure.

*** Pipe Bursting: A Pipe Bursting Approval Form ☐ and a pre-repair inspection video ☐ must be submitted for permit.

I hereby certify that to the best of my knowledge the above information is true and correct, and agree to pay the required fees as determined by the District. I understand and will comply with the District's requirements and restrictions.

Contractor or Owner-Builder: (*Signature*) _____ Date: _____

District Notes/Special Requirements: _____

_____

By: _____ District PTS Project No.: _____ Permit Date: _____

Union Sanitary District – 5072 Benson Road, Union City, CA 94587
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