

SALSIPUEDES SANITARY DISTRICT

739 East Lake Ave., #2
Watsonville, CA 95076
(831) 722-7760

Website: salsipuedessanitary.specialdistrict.org
Email: salsan@sbcglobal.net

APPLICATION FOR SEWER LATERAL INSPECTION PERMIT

This application should be filled out and returned to the District office at the address or email, mentioned above, prior to commencing the project.

PROPERTY INFORMATION

PROPERTY ADDRESS

ASSESSOR'S PARCEL No (APN)

OWNER NAME

MAILING ADDRESS

EMAIL ADDRESS

CONTRACTOR INFORMATION

NAME

STATE CONTRACTORS LICENSE No

MAILING ADDRESS

PHONE NUMBER

PROPOSED WORK

CCTV INSPECTION

WATER EXFILTRATION

AIR EXFILTRATION

OTHER

The contractor performing the test shall notify the District office a minimum of 24 hours prior to testing.

DATE

APPLICANT NAME (Agency if Realtor or Contractor)

APPLICANT SIGNATURE

With approval below, this Sewer Lateral Inspection Permit allows for inspection of the building sewer lateral(s) at the above written address only.

PERMIT ISSUANCE – DISTRICT USE ONLY

PERMIT No

DATE OF ISSUE

APPROVAL AUTHORITY NAME

APPROVAL AUTHORITY SIGNATURE

Next Steps: Conduct the sewer lateral inspection and/or testing Submit the Sewer Lateral Inspection Report, video, and sketch to the District.