

# SALSIPUEDES SANITARY DISTRICT

739 East Lake Ave. #2, Watsonville, CA 95076 \* (831) 722-7760 \* salsan@sbcglobal.net

All fees (\$200-Repairs or \$400-New Connections) must be paid prior to the issuance of a SEWER PERMIT. Applications and permits are not transferable to another parcel. Refund of fee, *only within 90 days*, if project is cancelled. Pursuant to Article VIII, Section 802, Salsipuedes Sanitary District Ordinance No. 3, as amended, the undersigned hereby are applying for a PERMIT for a work project on the following described property:

## OWNER OF THE PROPERTY

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CONTACT PH #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

NAME OF CONTRACTOR/COMPANY THAT WILL BE ON PROJECT SITE: \_\_\_\_\_  
Description of Work proposed to be done: \_\_\_\_\_  
\_\_\_\_\_

Does the property front on a sewer? Yes or No  
If not, nearest sewer is approximately how many feet away? \_\_\_\_\_ feet  
Location of nearest manhole and manhole number: \_\_\_\_\_  
Is property higher or lower in elevation than sewer: \_\_\_\_\_  
Date project is scheduled to start: \_\_\_\_\_  
Lead agency and compliance with California Environmental Quality Act: \_\_\_\_\_

Deposit is required/By Owner: \$200 for Repairs \_\_\_ \$400 for New Connections \_\_\_  
Plans and Specifications Required for this Project: Yes or No  
Survey Required for this Project: Yes or No  
Agreement Required: Yes or No  
Permits Required from other Agencies: Yes or No

After Project is completed, list number/type of water using fixtures (i.e. toilets, urinals, sinks, showers, tubs, disposals, dishwashers, washing machines, etc.) \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* FOR DISTRICT USE ONLY \*\*\*\*\*

DEPOSIT Amount Received: \_\_\_\_\_ CK #: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED/ISSUED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_ PERMIT #: \_\_\_\_\_