



EAST PALO ALTO SANITARY DISTRICT

APPLICATION & PERMIT FOR MAIN LINE EXTENSION

Property Location [] (Number) [] (Street) APN []

Property Owner [] (Name) [] (Address) [] (E-mail)

THIS CONNECTION WILL SERVE: Phone ([]) []

RESIDENTIAL New Single Family Subdivision
 Existing Multiple Family [] No. Dwelling Units
 Condominium

COMMERCIAL/ INDUSTRIAL Type of use []
Estimated waste water discharge: Daily [] Monthly []

Contractor who will be constructing main line, lateral sewer and/or making building sewer connection to lateral sewer.

Contractor [] (Name) [] (Address) [] (E-mail)
License No. [] Phone ([]) []

In consideration of the granting of a Main Line permit, the undersigned agrees:

- 1) To accept and abide by all provisions of the Sanitary Code of East Palo Alto Sanitary District and all other pertinent ordinances or regulations that may be adopted in the future.
- 2) EPASD Board of Directors must approve Main Line extension. Use of Main Line is prohibited until Board Approval.
- 3) Make an \$800 deposit for plan checking.
- 4) To obtain a plumbing permit for and inspection of the proposed on site building sewer construction from the Building Department of the City of []
- 5) To obtain an encroachment permit from the City of []
- 6) Notify EPASD in advance and provide construction schedule for work.

Applicant [] (Name) [] (Address) [] (Email)
Phone ([]) []

Signed by [] Date []

Main Line Permit Fee	[]	Approved Resolution No.	[]
Main Line Inspection Fee	[]	Construction has been inspected and approved.	[]
TOTAL FEES	[]	[]	[]

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