



**EAST PALO ALTO SANITARY DISTRICT**

**APPLICATION & PERMIT FOR SEWER LATERAL CONNECTION**

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

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

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

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

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

Contractor who will be constructing 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 Connection 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) To maintain the entire Sanitary Sewer Lateral associated with the property address at no expense to East Palo Alto Sanitary District, and to provide the District access to the lateral through a cleanout conforming to District Standard Details at the property line.
- 3) To obtain a plumbing permit for and inspection of the proposed on site building sewer construction from the Building Department of the City of [ ]
- 4) To obtain an encroachment permit from the City of [ ]
- 5) Notify District two (2) working days in advance of starting work on lateral construction.

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

**Signed by** [ ] Date [ ]

Permit Fee [ ]	TOTAL FEES [ ]
Lateral Inspection Fee [ ]	Construction has been inspected and approved.
Connection Fees [ ]	[ ]
\$ [ ] per unit	[ ]
x [ ] unit(s)	EAST PALO ALTO SANITARY DISTRICT