



**Central Contra Costa
Sanitary District**

5019 Imhoff Place
Martinez, California
94553-4392

Permits: 925-229-7371
Fax: 925-689-7259

permits@centralsan.org

Side Sewer Repairs/ Alterations/Extensions

**CCCS
Use Only**

Today's Date: _____
App # _____ Job # _____ Grid _____

Received by: _____

Project Information

Assessor Parcel No. (APN) _____ Work Start Date _____

Address _____

Description of Work _____

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Repair | <input type="checkbox"/> Cap on Property | <input type="checkbox"/> Tap & Lateral | <input type="checkbox"/> Manhole Only |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Pipeburst | <input type="checkbox"/> Extension to Serve |
| <input type="checkbox"/> Cleanout Only | <input type="checkbox"/> Reconnection | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> New Connection After Roof & Rough Compl. | | <input type="checkbox"/> New Connection After Foundation Pour | |

Length of Pipe _____ Diameter : Residential 4" Commercial 6"

Pipe Material _____ Existing Pipe Material _____

Trench Depth: Less than 5 ft 5 ft or more # of Building Connections _____

CalOSHA T1 Permit # _____ Subcontractor _____

Owner	Applicant	Contractor	Applicant
Name _____		Name _____	
Address _____		Company _____	
City/State _____ ZIP _____		Lic # _____ Class _____	
Phone # () _____ Fax # () _____		Address _____	
E-mail _____		City/State _____ ZIP _____	
		Phone # () _____ Fax # () _____	
		E-mail _____	

Applicant (if different from above)

Name _____ Company _____


Architect Engineer Other _____

Address _____ ZIP _____

Phone # () _____ Fax # () _____ E-mail _____

Sketch

Please provide a sketch of the proposed work showing street, existing building(s), and property lines.
For repairs, show existing side sewer and the section of the line to be repaired.
For alterations and/or extensions, show new building(s) and new branch side sewer.
A plan or separate sketch may be attached if desired.



As the applicant of this project, I agree to the following:

- 1) The Owner of the above mentioned property is aware and authorizes the submittal of this permit application.
- 2) The information and statements given on this application, drawings and specifications are true and correct to the best of my knowledge.



Applicant's PRINTED name

Applicant's Signature

Date