

ALTO SANITARY DISTRICT

PO Box 163, Mill Valley, CA 94942

Questions? Contact District Manager:

Tel/Fax: (415) 388-3696

Email: Manager@AltoSanitaryDistrict.org

For District Use Only:

Permit No: _____

Permit Fee: _____

Application Date: _____

Expiration Date: _____

Permit Application Form

For Sewer Lateral Repairs/Replacements, New Construction Projects, Second Units, & Renovations

Property Owner Name (Last, First): _____

Site Address: _____

Cross Street: _____

Phone: _____ Cell: _____ Fax: _____

Permit Applicant (If different than above, e.g. Plumber or Contractor):

Applicant Name (Last, First): _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Project Type (Check all that apply):

- Lateral Repair/Replacement New Construction New Second Unit Renovation

Location of Lateral Work (if applicable): Public Right Of Way* Easement / Private Property

**NOTE: Work in the Public Right of Way requires a County of Marin or City of Mill Valley Encroachment Permit.*

Required: I agree to (check all):

- Submit a written Repair Proposal with Drawings and Specs,
 Not start work without an Approved Alto Permit,
 Keep bedding ½ way up pipe w/ bands & pipe joints exposed for District review before backfilling,
 Have all pipes connected and cleanout(s) installed (where applicable),
 Contact District consultants (Nute Engineering 415-453-4480: Pippin Cavagnaro, x203, or Gary Robards, x205) at least three (3) business days prior to site inspections,
 New or complete replacement laterals must be water or air tested with District consultants present (re: Approved Repair Proposal.)

Date Work Scheduled To Start (After Permit Approval): _____

Applicant Signature: _____ **Date:** _____

For District Use Only:

Application Approval Date: _____ Reviewed/Approved By: _____

Inspection Date: _____ Inspected By: _____

Test (Air or Water): _____ CCTV of Repair: _____

Existing Pipe Material: _____ Repair Pipe Material: _____

Length of Lateral: _____ Distance from Left Property Corner: _____

Repair Length: _____ Connection Type (At Main): _____

Upstream MH _____ Downstream MH _____

Overflow (Contra Costa Valve) Required: Yes No Backflow (Check Valve) Required: Yes No

Notes: _____
