

# ALTO SANITARY DISTRICT

PO Box 163, Mill Valley, CA 94942

## Questions? Contact District Manager:

Tel: (415) 388-3696

Email: Manager@AltoSanitaryDistrict.org

### For District Use Only:

Permit No: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Appl Date: \_\_\_\_\_

Exp 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: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumbing Contractor Name:** \_\_\_\_\_

Plumbing License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### 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):

- Attach a written Repair Proposal to this Permit Application Form including 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 the District's consultants Pippin Cavagnaro or Fernanda Stefanick with Nute Engineering at 415-453-4480 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:

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: \_\_\_\_\_

\_\_\_\_\_

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