

**SANITARY DISTRICT NO. 5 OF MARIN COUNTY**

2001 PARADISE DRIVE / P.O. BOX 227

TIBURON, CALIFORNIA 94920

TELEPHONE (415) 435-1501

FAX (415) 435-0221

**APPLICATION FOR SEWER PERMIT**

**RESIDENTIAL**

**COMMERCIAL**

Note 1: All permit applications must submit site plans indicating location of sewer laterals

Note 2: All new connection and remodel permit applications must include approved building permits

Owner's Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Owner's Email: \_\_\_\_\_  
 Contractor/Plumber: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Realtor: \_\_\_\_\_  
 Email: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
 # of Living Units: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

Encroachment/  
 Bldg Permit No.: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_ New Construction  
 \_\_\_\_\_ Lateral Replacement (Full/Partial)  
 \_\_\_\_\_ Lateral Repair  
 \_\_\_\_\_ Backflow Prevention Device  
 \_\_\_\_\_ Other:

Trigger: \_\_\_\_\_  
 \_\_\_\_\_ House Sale/Purchase  
 \_\_\_\_\_ Remodel (> \$50k)  
 \_\_\_\_\_ Non-Compliance  
 \_\_\_\_\_ Plumbing Emergency  
 \_\_\_\_\_ Other:

**FOR STAFF USE ONLY**

B:1278 / P:434 / T:922

# Fixture Units: _____	x	\$ _____	=	_____
Res. Admin/Inspection Fee:		\$ 100.00	+	_____
Comm. Admin/Inspection Fee:		\$ 150.00	+	_____
Add'l Inspection Fees:		\$50-100/each	+	_____
Vogt Reimb. Fee (PC Only):		\$ 2,664.55	+	_____ ***
PDSL Fee (PC Only):		\$ 12,862.00	+	_____ ****
<b>Total SD5 Permit Fees:</b>			<b>=</b>	<b>_____</b>

Type of Permit

<input type="checkbox"/>	New Connection
<input type="checkbox"/>	Remodel (> \$50k)
<input type="checkbox"/>	Permit Renewal
<input type="checkbox"/>	Inspection: CCTV, Repair & Replace
<input type="checkbox"/>	Pool Discharge
<input type="checkbox"/>	Septic > Public
<input type="checkbox"/>	Check Valve Installed?
<input type="checkbox"/>	Contra Costa Valve Installed?
<input type="checkbox"/>	Ejector Test: Pass·Repair·Replace

\*\*\* SD5 Resolution No. 2014-09: Vogt Line

\*\*\*\* SD5 Resolution No. 2009-01: Paradise Dr. Sewer Line Extension Fee

**Permit No.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Cash or Check #:** \_\_\_\_\_

**NOTES:**

Check Valve Installed, as of: \_\_\_\_\_  
 Contra Costa Valve Installed, as of: \_\_\_\_\_

**Final Inspection Sign-Off:** \_\_\_\_\_

**Date:** \_\_\_\_\_