

**EMERYVILLE SEWER LATERAL PERMIT APPLICATION**  
**CITY OF EMERYVILLE, 1333 PARK AVENUE, EMERYVILLE, CA 94608**  
**PHONE: (510) 596-4300 FAX: (510) 658-8095**

**APPLICANT TO PROVIDE THE FOLLOWING INFORMATION**

**Site Address** \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 APN \_\_\_\_\_

# of Laterals serving the property \_\_\_\_\_  
 Purpose for Sewer Work:  
 Total remodel greater than \$100,000  
 Sale of Property  
 Change in Water Meter Size  
 Other: \_\_\_\_\_

<u>Lateral Information</u>	Lateral #1	Lateral #2	Lateral #3
Lateral Diameter (in)	_____	_____	_____
Total Length of Lateral (ft)	_____	_____	_____
Length on Private Property (ft)	_____	_____	_____
Connection to Main (street name)	_____	_____	_____
Distance to Upstream MH (ft)	_____	_____	_____

<u>Type of Work</u>	Lateral #1	Lateral #2	Lateral #3
New Construction	_____	_____	_____
Replace (specify method)			
Upper Lateral	_____	_____	_____
Lower Lateral	_____	_____	_____
Spot Repair			
Upper Lateral	_____	_____	_____
Lower Lateral	_____	_____	_____
Verification Test only	_____	_____	_____
Abandonment	_____	_____	_____
Encroachment in the City Right-of-Way	_____	_____	_____

Construction Materials:  VCP  HDPE  DIP  Epoxy-resin CIPP (with Public Works Dept approval)  
**\*\*\*NOTE: The use of PVC pipe is not allowed\*\*\***

Will work affect Fire and/or Emergency Access: Y / N \_\_\_\_\_  
 Valuation of Proposed Sewer Lateral Work \$ \_\_\_\_\_

Engineer or Architect \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 License No. \_\_\_\_\_

Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 State License Type and No. \_\_\_\_\_

City of Emeryville Business License On File: Y / N \_\_\_\_\_  
 Estimated Start of Construction \_\_\_\_\_  
 Estimated Completion Date \_\_\_\_\_  
 Entity responsible for hauling, transporting and disposing of any excess soils  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Disposal Facility (if known) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**LICENSED-CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. License Class: A  or C42   
 C36:  Can work on private property only  
 License # \_\_\_\_\_ Date \_\_\_\_\_  
 Contractor \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this agency to enter upon the above mentioned property for inspection purposes.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENCROACHMENT DECLARATION**

I hereby agree to protect and indemnify the City of Emeryville and hold it harmless in every way from all claims or suits for injury or damage to persons or property as set forth in the Standard Provisions. I agree not to begin construction until all materials to be used are on hand; to perform all work in accordance with the plans submitted (if any), the Standard Provisions to Encroachment Permit, and all applicable Special Conditions of Approval. I further agree to complete the work to the satisfaction of the City Engineer and if for any reason the City of Emeryville is required to complete this work, I will pay all costs for such work.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CITY USE ONLY**

PSL Permit # \_\_\_\_\_  
 Received By \_\_\_\_\_ Application Date \_\_\_\_\_

Approvals  
 Building \_\_\_\_\_ Date \_\_\_\_\_  
 Public Works \_\_\_\_\_ Date \_\_\_\_\_  
 Other \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_

**Building Permit #** \_\_\_\_\_  
 The following documents are attached into this permit (Check those that apply):  
 Proof of General Liability and Workers' Compensation Insurance  
 Standard Provisions to Encroachment Permit as required  
 Construction Plans (for New Laterals)  
 City Standard Details (list as required) \_\_\_\_\_  
 Construction Materials (list as required) \_\_\_\_\_

Limitations or Conditions: \_\_\_\_\_

This permit expires sixty (60) days from Issue Date or on \_\_\_\_\_  
 This work is to be strictly construed and no other work than is specifically mentioned is hereby authorized.

**FEES:**  
**Sewer Lateral Permit**  
 Administrative fee per parcel **\$210.00**  
 Inspection Fee per lateral for new, repaired, replaced or abandoned \_\_\_\_\_ laterals x \$652.00 = \_\_\_\_\_  
 Verification Test only per lateral \_\_\_\_\_ laterals x \$163.00 = \_\_\_\_\_  
 Traffic signal or street light conduit utility locate (as needed) \_\_\_\_\_ sites X \$326.00 = \_\_\_\_\_  
 Cost Recovery Inspection:  
 Straight time \_\_\_\_\_ hours X \$163.00 = \_\_\_\_\_  
 Overtime\* \_\_\_\_\_ hours X \$245.00 = \_\_\_\_\_

\*Weekend work must receive prior approval from the Public Works Department. Minimum 4 hours for weekend overtime.

Plan Check for new sewer laterals (\$212.00) \_\_\_\_\_  
 Sewer Lateral Performance Security\*\*  
 \$1,000 Cash \_\_\_\_\_  
 \$10,000 Bond/Bond # \_\_\_\_\_  
 100% Performance Bond Value/Bond # \_\_\_\_\_  
 Other (Specify type and amount) \_\_\_\_\_

\*\*Refund will be mailed to Applicant at Applicant's Address. Failure to obtain a Final Inspection of the work covered by this permit within one (1) year of the estimated completion date shall result in the loss of the security deposit which shall be retained by the City of Emeryville.

**TOTAL** \_\_\_\_\_

REVISID: Date \_\_\_\_\_ Scope \_\_\_\_\_  
 Approved By \_\_\_\_\_ Additional Fee \_\_\_\_\_

**CHECK THOSE THAT APPLY**

- Traffic Control Plan required prior to start of work
- As-built plans required
- Please notify POLICE (510-596-3700) and FIRE (510-632-3473) 24 hours in advance

**Call USA at least 48 hours prior to excavating:**  
**811 or 1-800-227-2600**

**CALL FOR PUBLIC WORKS INSPECTION**  
**(510) 455-7286**  
*before starting work*

To schedule EBMUD Verification Test visit [www.eastbaypsl.com](http://www.eastbaypsl.com); to speak to an EBMUD customer service representative during normal business hours, call (510) 287-1599

Finance Department Deposit Receipt No. \_\_\_\_\_  
 Final Sign-off:  
 Engineering: By \_\_\_\_\_ Date \_\_\_\_\_