



CITY OF SOLANA BEACH SANITATION PERMIT

RECEIPT NUMBER _____

FIRM NAME (dba) _____
APPLICANT FILL IN - PLEASE PRINT LEGIBLYMAILING ADDRESS _____
(Street)
(City) (Zip)**RESPONSIBLE FOR WASTEWATER**NAME _____
Last First Middle
POSITION _____ PHONE _____PROPERTY OWNER AGREES TO PAY CONSTRUCTION COSTS EXCEEDING THE CALCULATED FEES AND OTHER ADDITIONAL FEES LEVIED AS A PART OF THIS PERMIT. THE OWNER AGREES TO PAY ALL SEWER SERVICE AND OTHER LAWFUL CHARGES REQUIRED BY ORDINANCES. OWNER IS RESPONSIBLE TO ESTABLISH LOCATION OF LATERAL AND DEPTH AT PROPERTY LINE.
Initial _____**FOR RESIDENTIAL USES**OWNER UNDERSTANDS THIS IS A CLASS II (Domestic Only) WASTEWATER DISCHARGE PERMIT. IF PERMITTEE'S OPERATION GENERATES INDUSTRIAL WASTES OR WASTES LISTED AS PROHIBITED. PERMITTEE AGREES TO CEASE AND DESIST IMMEDIATELY AND OBTAIN A CLASS I INDUSTRIAL WASTEWATER PERMIT. OWNER UNDERSTANDS PROCEDURES TO OBTAIN A CLASS I PERMIT.
Initial _____OWNER UNDERSTANDS THIS PERMIT BECOMES VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS AFTER PERMIT VALIDATION OR IF WORK HAS BEEN SUSPENDED FOR A PERIOD OF 120 DAYS.
Initial _____I CERTIFY THAT I HAVE READ THIS APPLICATION AND THE LIST OF PROHIBITED SUBSTANCES ON THE ATTACHED SHEET. THE INFORMATION I HAVE PROVIDED IS CORRECT. THE OWNER AGREES TO COMPLY WITH ALL SANITATION DISTRICT ORDINANCES AND STATE AND FEDERAL LAWS REGULATING SEWERS.
Initial _____

SIGNATURE OF PERMITTEE _____

-
- Firm or Owner
-
-
- Property Owner
-
-
- Firm's Agent
-
-
- Property Tenant

PHONE _____ DATE _____

SEWER CONNECTION REQUESTED
 STREET
 ALLEY
 EASEMENT
 6 IN. LATERAL
 EXISTING LATERAL
PARCEL STATUS

VACANT LOT	OCCUPIED LOT
<input type="checkbox"/> New Building <input type="checkbox"/> Move On	<input type="checkbox"/> Existing Bldg. on Septic <input type="checkbox"/> Addition (To Bldg.) <input type="checkbox"/> Change in use <input type="checkbox"/> Demolish and rebuild

PARCEL ON SEWER NOW YES NO

ADDITIONAL INFO:

TYPE OF OCCUPANCY REQUESTED:

PLAN CHECK NO. _____

SIGNATURE _____ DATE _____

THIS PERMIT VALID UPON RECEIPT OF PERMIT FEES**ASSESSORS PARCEL NUMBER**

_____-_____-_____-_____-_____-_____-_____-_____-

TOTAL ANNUAL SEWER SERVICE CHARGES THIS PARCEL

\$ _____,_____._____-_____-

STREET WIDTH	SEWER DEPTH	SEWER LINE SEGMENT	LATERAL LOCATION
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Mo	Day Yr
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>

FINAL INSPECTION DATE

-
- CLASS I
-
-
- CLASS II
-
-
- INSTITUTIONAL

INDUST CLASS PREVIOUS EDU EDU THIS PERMIT TOTAL EDU ON PARCEL **TOTAL CAPACITY FEES**

\$ _____,_____._____-_____-

-
- REIMBURSEMENT AGREEMENT NO. _____-_____-
-
-
- TRUNK LINE/PUMP

TOTAL MISC. FEES

\$ _____,_____._____-_____-

FEES & EDU VERIFIEDMo Day Yr
_____-_____-_____-

FEES VALID FOR 180 DAYS OR UNTIL _____ (Date)

SIGNATURE _____



PRORATA PORTION SEWER SERVICE CHARGES FOR BALANCE OF TAX YEAR (S)

TOTAL SEWER CHARGES THIS PERMIT

_____,_____._____-_____-

TOTAL PERMIT FEES

_____,_____._____-_____-

ORIGINAL PERMIT

THIS PERMIT

_____-_____-_____-_____-_____-_____-

-
- COMMERCIAL PERMIT
-
-
- RESIDENTIAL PERMIT