



SANITARY SEWER PERMIT

Sanitary District No. 2
 300 Tamalpais Drive, Corte Madera, CA 94925
pwcounter@tcmmail.org | www.townofcortemadera.org
 Phone: (415) 927-5057 | Fax: (415) 927-5039

For District Use Only:
 Permit No: _____
 Permit Fee: _____
 Application Date: _____
 Expiration Date: _____
 Receipt #: _____

APPLICATION SECTION

Site Address:		Assessor's Parcel Number (APN):	
Applicant Name:		Property Owner: (if different from applicant)	
Street Address:		City / State / Zip:	
Phone:	Cell:	Email:	
Description of work: (Include plans/sketch)			
Pipe Material:	Start Date:	Completion Date:	Plan Review #:
Contractor Info:		Subcontractor Info: (if applicable)	
Company Name:		Company Name:	
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Contact Name:		Contact Name:	
Phone:	Cell:	Phone:	Cell:
Email:		Email:	
State License #:		State License #:	
License Classification(s):		License Classification(s):	
NASSCO #:	Town Business License #:	NASSCO #:	Town Business License #:

Print Name of Applicant

Signature of Applicant

Date

Applicant is: Owner Agent Contractor

Reason: Property Sale Building Permit over 50k value Capital Improvement Project Lateral Failure/ Backup/ Condition Other

Side Sewer Plans must accompany this application, and shall include the following: footprint of existing or planned structures, property lines and easements, district sewer lines and manholes, proposed side sewer and cleanouts, and any pipes that will be abandoned (see District No. 2 Specifications for guidance). All side sewer installations and related work shall be constructed in conformity with the said specifications, rules and regulations. Upon completion of construction, but prior to covering the pipe and commencement of discharge, the District Representative must perform an on-site inspection. **Call (415) 927-5057 to request an inspection 24 hours in advance.**

See attached for other inspection requirements In conformance with Marin County Sanitary District Standard Details:

Project Type (Check all that apply): Lateral Repair/Replacement New Construction Pressure Test
 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 Town Encroachment Permit.

Required: I agree to (check all):

- Submit a written Repair Proposal with Drawings and Specs,
- Not start work without an Approved SD2 Permit, (including: Approved Repair Proposal.)
- Keep bedding 1/2 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 at least three (3) business days prior to site inspections,
- Repair, new or complete replacement laterals must be water or air tested with District staff present.

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: _____ "S" on Curb Verified: _____
 Repair Length: _____ Connection Type (At Main): _____
 Upstream MH _____ Downstream MH _____

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

Notes: _____

APPROVAL SECTION

PERMIT APPROVED AND ISSUED	
By: _____	Public Works Representative
Date Issued: _____	
Permit Expiration: _____	

INSPECTION NOTES	
Inspected by: _____	Date: _____
Notes/Corrections: _____	

FINAL INSPECTION	
By: _____	Public Works Representative
Date: _____	

FEE SUMMARY	
1. Spot Repair/Over-the-counter (\$300)	\$ _____
2. New or Partial Replacement (\$500)	\$ _____
3. Multiple Dwelling up to 4 parcels Deposit - \$500 per parcel up to \$2,000*	\$ _____
4. Multiple Dwelling 5 or more parcels Deposit - \$2,300 + \$300 each add'l parcel*	\$ _____
5. New Connection Charge	\$ _____
6. CMSA Fee	\$ _____
7. Other: _____	\$ _____
Total Fees/Deposits \$ _____	
Date: _____ Receipt # _____ Ck/MC/V # _____	
* Initial deposit amount only. Any remainder will be refunded; additional staff time will be billed per Hourly Rate Schedule. Enter into Cost Based Fee Agreement.	

Sketch of the Proposed Private Sewer Lateral Work and Site Plan: