



LOWER LATERAL CAPITAL IMPROVEMENT PROJECT (CIP) PILOT PROGRAM APPLICATION

Sanitary District No. 2, A Subsidiary District of the Town of Corte Madera
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The Lower Lateral CIP Pilot Program allows the District to incorporate the repair or replacement of qualified, privately-owned and maintained lower lateral section of a PSL that is needed for the lower section of the PSL to pass a pressure test as set forth in Municipal Code Section 21.20.004, into a District sewer main project occurring on the same street. This one-time lower lateral repair or replacement will be funded by the District on a first come, first served basis until the funds allocated for the program have been exhausted.

Lower laterals qualify for inclusion in the Lower Lateral CIP Pilot Program when **all** of the following are met:

1. The lower lateral connection is within the sewer and/or paving CIP project limits
2. The majority of the sewer main on the part of the street that is being repaired is within project limits
3. The majority of the main is being rehabilitated or replaced
4. The District Manager, or that person's designee, has determined it is in the best interest of the District for the District to repair or replace the lower lateral section of the PSL as part of the sewer main project because doing so will:
 - Avoid delaying or negatively impacting a public construction project that benefits the Town or District
 - Provide an overall cost savings to the District or Town in the delivery of a capital project
 - Provide a significant benefit to the Town or District by reducing traffic congestion (in particular, on high volume roads).

Private property owners applying for this program will be required to carry out a sewer permit that authorizes the District to perform the repair or replacement of their lower lateral and will also have to acknowledge that they will continue to own and are obligated to maintain all portions of their PSL regardless of whether it is included in the program. Additionally, the entire PSL will be required to pass a pressure test prior to completion of the sewer project or related Town or District CIP project.

APPLICATION SECTION

PROPERTY OWNER(S) NAME(S): _____

PROPERTY ADDRESS: _____

CITY/TOWN: _____ **ZIP CODE:** _____ **APN:** _____

MAILING ADDRESS (If different from above): _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

Which option best describes the property? (Select all that apply)

- Owner Occupied Tenant Occupied Single Family Multi-family Commercial Other: _____

Has your private sewer lateral been inspected by a licensed plumber or contractor?

NO

YES (if yes, please provide a copy of the information from your plumber regarding the condition of your PSL)

CERTIFICATION

By signing this document, I certify that **I am the legal owner of the property described herein**. I understand that for this program, the District will incorporate the repair or replacement of the lower lateral section of my PSL that is needed for the lower section of the PSL to pass a pressure test into a District sewer main project occurring on the same street. I understand that I will be required to carry out a sewer permit that authorizes the District to perform the repair or replacement of my lower lateral. I acknowledge that I will continue to own and am obligated to maintain all portions of my PSL regardless of whether it is included in the program. I understand that my entire PSL will be required to pass a pressure test prior to completion of the sewer project or related Town or District CIP project. I understand that not all applications will be granted. I understand that all applications are subject to approval by the District.

Applicant Signature: _____ **Date:** _____

APPLICATION REVIEW SECTION (For Staff Use Only)

Application Decision: Denied for Program Approved for Program **Amount Approved \$** _____

Capital Improvement Project Triggering Replacement: _____ **Fiscal Year:** _____

Name of Application Reviewer: _____ **Date Application Was Reviewed:** _____

Signature of Application Reviewer: _____

District Manager Signature (required for final verification of application review): _____

(Note: This application expires ninety (90) calendar days from the date issued, or cancelled by applicant or SD2)