



# SANITARY SEWER PERMIT

Sanitary District No. 2

Town of Corte Madera

233 Tamalpais Drive, Suite 200, Corte Madera, CA 94925

Phone: (415) 927-5057, Fax: (415) 927-6711

Permit Number
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## APPLICATION SECTION

<b>SITE ADDRESS</b>		<b>APN</b>	
<b>APPLICANT</b> Name		<b>CONTRACTOR</b> Company Name	
Street Address		Street Address	
City, St, Zip Code		City, St, Zip Code	
Phone No.	Cell No.	Contact Name	
		Phone No.	Cell No.
<b>PROPERTY OWNER</b> (If different from Applicant) Name		State Lic. #	Bus. Lic. #
	Phone No.		
<b>DESCRIPTION OF WORK</b>			
Pipe Material (See District 2 Specifications, attached)			
<b>Estimated Start Date</b>		<b>Estimated Completion Date</b>	
Related to Design Review or Plan Review Application <input type="checkbox"/>		Design Review/Plan Review No.	

**Print Name of Applicant**

**Signature of Applicant**

**Date**

Check one:  Owner  Owner's Agent  Contractor

## APPROVAL SECTION

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 attachment for other inspection requirements.

In conformance with Marin County Sanitary District Standard Details \_\_\_\_\_.

<b>PERMIT APPROVED AND ISSUED</b>
By _____ Sanitary District No.2 / Public Works Department
Date Issued: _____
Permit Expiration Date: _____

<b>FEE SCHEDULE</b>	
1. Spot Repair/Over-the-counter (\$275)	\$ _____
2. New or Full Replacement (\$475)	\$ _____
3. Multiple Dwelling up to 4 parcels \$500 per parcel up to \$2,000 *	\$ _____
4. Multiple Dwelling 5 or more parcels \$2,300 plus \$300 each add'l parcel *	\$ _____
5. New Connection Charge	\$ _____
6. CMSA Fee	\$ _____
<b>Total Fees/Deposits</b>	<b>\$ _____</b>
Date: _____ Receipt # _____ Ck # _____	
* Initial deposit amount only. Enter into Cost Based Fee Agreement. Any remainder will be refunded; additional staff time will be billed per Hourly Rate Schedule.	

**Final Inspection By:** \_\_\_\_\_

District / Public Works Representative

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