

CUPERTINO SANITARY DISTRICT

SANTA CLARA COUNTY, CALIFORNIA
20833 Stevens Creek Boulevard, Suite 104
Cupertino, California 95014

Telephone: (408) 253-7071 Facsimile: (408) 253-5173

PERMIT P – xxxxx

CONNECTION PERMIT

R.O.S./P.M./TRACT No. _____ Lot No. _____

A.P.N.: Book _____ Page _____ Parcel _____

Date _____

Property Owner: _____

Mailing Address: _____

(if different) _____

Telephone: _____

Sirs:

(I/We), being owner(s) (owner's agent), hereby make application for connection of the property at:

consisting of the following TYPE OF BUILDING(S):

Residential: Single Family _____; Multiple Family _____; No. Units _____

Commercial _____; Industrial _____; Other _____; No. Units _____

Do hereby request a permit to connect to the sewer system of the Cupertino Sanitary District.

PERMIT CONDITIONS

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE OWNER AGREES:

1. To comply with all existing Ordinances, Rules and Regulations of the Cupertino Sanitary District as now or hereafter amended.
2. To maintain the House Sewer (that portion of the sewer within private property) which includes a cleanout (raised to grade and accessible) located at the point of connection with the Lateral Sewer (that portion of the sewer in the street right-of-way or District Easement)
3. To acquire a **Plumbing Permit** from the _____ of _____, Building Department and obtain inspection and approval by said Building Department prior to covering of the work or use of the sewer.
4. To first expose and inspect for serviceability the Lateral Sewer (that portion within the street right-of-way or easement), prior to starting construction of the house sewer.
5. That this permit does not constitute a request for the issuance of an encroachment permit for sewer construction in the street/public right-of-way of the agency having jurisdiction thereover.
6. To call **Underground Service Alert (USA) 1-800-227-2600**, at least 48 hours prior to starting grading or digging operations.

SPECIAL PERMIT CONDITIONS(Exhibits):

A **BACKFLOW Protective Device** shall be installed on the above property by the owner. Type of device and installation shall comply with the Plumbing Code Requirements of the jurisdiction shown in 3 above.

FEES:

CONNECTION PERMIT FEE:

\$ _____

Sewer Service charges to June 30, 20____, \$ _____/mo.x _____ mo.:

\$ _____

Inspection Fee for backflow protection device:

\$ _____

Considerations and Restrictions of this Sanitary Sewer Connection Permit with attached Exhibits (when noted), are hereby agreed to and acknowledged by the undersigned Owner (or Owner's Agent). Failure to comply will void this permit.

Acknowledgement: _____

Owner's Agent: _____

(print name)

Receipt of \$ _____ acknowledgment and permit issued.

MARK THOMAS & COMPANY, INC., District Manager-Engineer

By: _____

Note: See Details on other side of this permit.