

Sewer Main Extension Application

Job No: _____



5019 Imhoff Place Martinez, California, 94553-4392
Mainline Review: 925-957-7622 Fax: 925-689-7259
Mainline_Review@centralsan.org

CCCS
Use Only

Date _____ App No _____
Grid No _____

Received/Initial Review by: _____

Property/Project Information

Assessor Parcel Number (APNs): _____

Address: _____ City: _____ Zip: _____
(Street and cross street names)

Subdivision/Tract Name: _____ Sub/Tract No: _____

Description: _____

Type of Development (Circle all that apply): Single Family Commercial Mixed-Use Multi-Family

No. of Residential Lots: _____ No. of Non-Residential: _____ No. of Living Units: _____

Sewer Pipe Material: _____ Linear Feet: _____

No. of Manholes/Structures: _____ No. of Laterals: _____ Sewer: Public / Private Main

Property Owner

Name: _____ Email: _____

Company: _____

Address: _____ City/State: _____ Zip: _____

Phone: Office _____ Cell _____

Developer / Applicant (if different from above)

Name: _____ Email: _____

Company: _____

Address: _____ City/State: _____ Zip: _____

Phone: Office _____ Cell _____

Engineer

Name: _____ Email: _____

Company: _____

Address: _____ City/State: _____ ZIP: _____

Phone: Office _____ Cell _____ Engineer Job No. _____

As the applicant of this project, I agree to the following:

- 1) The Owner of the above mentioned property is aware and authorizes the submittal of this permit application.
- 2) The information and statements given on this application, drawings and specifications are true and correct to the best of my knowledge.



Applicant's Signature

Applicant's PRINTED Name

Date