Pump Application: Multi-Family or Commercial



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Today's Date:_____

App No:_____

Job No:_____

Grid No:

SANITARY DISTRICTEmail: permits@centralsan.orgPhone: (925) 229-7371

Project Information			
Property	APN		
Address			
Property Owner			
Name	Email		
Company	Phone		
Address			
Applicant (if different)			
Name	Email		
Company	Phone		
Address			
Contractor			
Company	Email		
Representative	Phone		
Address			

Pump is for		ilding/Fixture	Required Attachments	
(check all that apply)		onnects to		
Multi-Family Residential			Completed Pump Systems Dimensions	
Commercial		Gravity Main	Form	
Outdoor Trash Enclosure			Plot Plan/sketch (no larger than 11" x 17")	
Outside Sink		MULPSS	System calculations	
Low Head (less than 10 feet lift) Discharge connects to side sewer		Main*(*E-One or	System-curve plotted on pump-curve	
		equivalent	Pump curve	
(Not allowed to discharge to internal plumbing)		required)	Manufacturer's catalog sheets	

Site Data		
Pumpable Volume (gal)	Average Flow Rate (gpm, at intersection	
Pump Time (min)	of pump and system curve)	

Equipment Data		
Pump Manufacturer	Model #	
Tank Manufacturer	Model #	

 As the applicant of this project, I agree to the following: 1) The Owner of the abovementioned property is aware and authorizes the submittal of this application. 2) The information and statements given on this application and attachments are true and correct to the best of my knowledge. 			
Applicant Name	Applicant Signature	Date	
Central San Use Only			

Central San Ose Only			
Review Status		Date	
Comments			

