



Novato Sanitary District  
500 Davidson Street  
Novato, California 94945  
Phone: (415) 892-1694

# Sewer Permit Application

No. A- \_\_\_\_\_

1. Name of Property Owner: \_\_\_\_\_
2. Applicant:            Owner            Contractor            Plumber            Agent
3. Location of Project:    City                County

Street Address: \_\_\_\_\_

**If applicable:**

Subdivision: \_\_\_\_\_

Lot(s) No.: \_\_\_\_\_

4. Type of Permit Applying for:
- Single Family Dwelling(s): \_\_\_\_\_ Houses
  - Multiple Family Dwelling(s): \_\_\_\_\_ Living Units \_\_\_\_\_ Laterals
  - Commercial, Industrial, Church, School, Public or Other Building Connections  
(Submit Plans showing plumbing details and sewer layout)
  - Alteration of Repair of Side Sewer (Lateral): (Describe) \_\_\_\_\_  
\_\_\_\_\_
  - Other: (Describe) \_\_\_\_\_  
\_\_\_\_\_

5. Name of individual/company who will perform work (licensed contractor, plumber or owner):  
\_\_\_\_\_

6. Estimated date to begin work: \_\_\_\_\_

7. Other Details:            Street Cut Required                                Easement Required  
                                  Saddle or Manhole Connection                Existing Septic Tank

8. Availability of Sewer Main:
- An existing sewer main is available to serve the property to be connected
  - A sewer main extension must be constructed to serve the property to be connected  
(Applicant should contact the District regarding requirements)

9. District Boundaries:
- Property is now within the boundaries of the District
  - Property is not within the boundaries of the District and Annexations will be required.

**10. Certification and Agreement:**

The undersigned certifies that he is duly authorized to sign this application on behalf of the applicant and hereby agrees, in making connection(s), to comply with all rules and regulations of the District. Further, the undersigned understands that building occupancy will not be permitted until the building sewer, the main sewer, and the downstream sewerage system into which it connects, are approved by the District.

Printed Name of Applicant: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application received for Novato Sanitary District by: \_\_\_\_\_ Date: \_\_\_\_\_