



City of Emeryville

Department of Public Works

PRIVATE SEWER LATERAL PERMIT

KEEP COPY
OF PERMIT
ON SITE

Email application and plans to: encroachment-permit@emeryville.org

Submit: ☐ COI ☐ City Business License ☐ Plans, TCP

SITE ADDRESS: _____ Emeryville, CA

APN: _____ No. of existing laterals: _____

APPLICANT (COMPANY) _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ **EMAIL *** _____

*Issued permit will be emailed to Applicant as a PDF

PROPERTY OWNER _____

ADDRESS _____

PHONE _____ **EMAIL** _____

CONTRACTOR DOING WORK _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ **EMAIL** _____

CSLB LICENSE NO. _____ **CLASS** ☐ A ☐ C34 ☐ C42
(☐ C36 may work on private property only)

EST START DATE: _____ **EST END DATE:** _____

PURPOSE FOR SEWER WORK: (check one)

- ☐ Total Remodel > \$100,000 ☐ Sale of Property
☐ Change in Water Meter Size ☐ Other: _____

VALUATION OF PROPOSED SEWER WORK: \$ _____

DESCRIPTION OF PROPOSED SEWER WORK: (attach supplemental pages as needed)

Lateral Information	Lateral #1	Lateral #2	Lateral #3	Lateral #4	Lateral #5
Lateral Diameter (in)					
Total Length of Lateral (ft)					
Length on Private Property (ft)					
Connection to Main (street name)					
Distance to Upstream MH (ft)					
Type of Work	Lateral #1	Lateral #2	Lateral #3	Lateral #4	Lateral #5
New Construction (plans req'd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace (specify method)					
Upper Lateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spot Repair					
Upper Lateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification Test Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encroachment in the PROW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lateral Construction Materials: ☐ HDPE ☐ VCP ☐ DIP ☐ Epoxy-resin CIPP (only with Public Works Dept approval)

NOTE: The use of PVC pipe is prohibited

~ PLEASE SEE SECOND PAGE ~

~ FOR CITY USE ONLY ~

Permit No. **PSL20** _____ - _____ Issue Date _____

Permit Administrative Fee, per parcel.....\$ **246.00**

Inspection Fee per lateral for new, repaired,
replaced or abandoned (_____ laterals x \$768)....\$ _____

Verification Test only per lateral
(_____ laterals x \$190).....\$ _____

Traffic signal or streetlight conduit utility locate,
as needed (_____ sites x \$382).....\$ _____

Cost Recovery Inspection:

Straight time _____ hours x \$190.....\$ _____

Overtime* _____ hours x \$288.....\$ _____

*Weekend work (4 hrs min OT) must receive prior approval from the Public Works Dept.

Plan Check for new sewer laterals (\$248).....\$ _____

Required Security Deposit: ☐ waived for low-risk permits

☐ \$1,133 cash (101-2080).....\$ _____

☐ \$10,000 Bond..... Bond # _____

100% Performance Bond # _____, Value \$ _____

TOTAL PAYMENT REQUIRED \$ _____

Check # _____ Amt. Received \$ _____

Receipt # _____ Date _____

☐ Business License ☐ Certificate of Insurance ☐ \$1m Poll Prev (if req'd)

CURRENT CITY BUSINESS LICENSE NO. _____

REQUIRED INSURANCE: COE must be listed as Cert Holder, Additional Insured
Min Limits: \$1m Gen Occ; \$2m Gen Agg

4050-58220
12101012

LICENSED-CONTRACTOR'S DECLARATION:

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this agency to enter upon the above-mentioned property for inspection purposes.

Contractor Signature _____ Date _____

ENCROACHMENT DECLARATION:

The City's Standard Provisions to the Encroachment Permit are incorporated by reference. By signing below, I hereby acknowledge that I have read, acknowledge, and agree to the terms and conditions of the City's Standard Provisions, including Paragraph 13 waiver and release.

Applicant Signature _____ Date _____

To request reimbursement of the security deposit, submit a copy of this permit with signed **FINAL INSPECTION** to City of Emeryville, Public Works Department – Engineering. Email a scanned copy to encroachment-permit@emeryville.org for Final Approval. Failure to obtain Final Approval of the work covered by this PSL Permit within one (1) year of the estimated end date shall result in the loss of the security deposit which shall be retained by the City of Emeryville.

If reimbursement is applicable and approved, indicate: Mail check to: ATTN: _____

Check payable to: _____ Address: _____

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► CALL FOR INSPECTION BEFORE STARTING WORK: 650-452-0930

PERMIT CONDITIONS / REMARKS: _____

PROVIDE 48-HOUR NOTICE PRIOR TO START OF WORK: pwinspections@emeryville.org

☐ TRAFFIC CONTROL on _____ permitted only between the hours _____ and _____.

☐ As-Built Plans as GIS shapefiles required

☐ NOTIFY POLICE (510-596-3700) AND FIRE (510-632-3473) 24 HOURS IN ADVANCE OF ANY ROAD CLOSURES.

THIS PERMIT EXPIRES ON _____, 20_____.

☐ REVISED: Expiration date ____/____/____

APPROVED BY _____ DATE _____

The Standard Provisions to the Encroachment Permit and the City Standard Details are incorporated into this permit by reference and are available online at emeryville.org/publicworks. This permit is to be strictly construed and no work other than what is specifically stated herein is authorized.

APPROVED _____,

☐ Public Works Director
☐ Senior Civil Engineer
☐ Associate Civil Engineer

 DATE _____

FINAL INSPECTION _____ TOTAL HRS _____ DATE _____
Public Works Inspector

FINAL APPROVAL _____,

☐ Public Works Director
☐ Senior Civil Engineer
☐ Associate Civil Engineer

 DATE _____