

## APPLICATION FOR SEWER LATERAL AND EXCAVATION PERMIT

Only a *licensed professional or authorized agent* may complete this application. Current telephone and email are required to process application.

<b>Permit Type:</b>		<input type="checkbox"/> Sewer Lateral	<input type="checkbox"/> Non-Sewer Excavation
<b>Provide related permit numbers:</b> PX / SL / B / GR / X / others _____			
<b>Site Address:</b>			
<b>Applicant's Name</b>	<b>First:</b>	<b>Last:</b>	
<b>Telephone / Email</b>	<b>Phone:</b>	<b>Email:</b>	
<b>Are you the contractor or the agent?</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Agent			
<b>Business Name:</b>			
<b>Contractor Information</b>	<b>License #:</b>	<b>Class:</b> <input type="checkbox"/> C-42 <input type="checkbox"/> C-36 <input type="checkbox"/> B <input type="checkbox"/> C-34 <input type="checkbox"/> A <input type="checkbox"/> C-57	
<b>USA #</b>		<b>Date:</b>	

<b>Check Type of Sewer Lateral Permit</b>	
<input type="checkbox"/> Repair/Replace Sewer on property (upper lateral) <input type="checkbox"/> Sewer Excavation (lower lateral) <input type="checkbox"/> Sewer Excavation (lower+ upper lateral) <input type="checkbox"/> Sewer Main in Easement <input type="checkbox"/> New Construction Sewer (plan and profile w/existing utilities prepared by Civil Engineer) <input type="checkbox"/> Abandon Sewer	One (1) Parking Space: ___/___/21 to ___/___/21 Hours of operation: ___:___AM to ___:___PM

<b>Check Type of Excavation Permit</b>	
1. Are you obstructing a traffic lane? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you providing 5'6" of sidewalk clearance <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If you answered "yes" to item 1 or 2: I have attached a copy of my traffic control plans <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note: A traffic control plan is required if you obstruct a traffic lane or do not provide 5'6" of sidewalk clearance.</b>	
<input type="checkbox"/> Soil Boring <input type="checkbox"/> UGS Tank Excavation <input type="checkbox"/> Monitoring Well Installation <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Potholing <input type="checkbox"/> Water Meter (property side of meter) <input type="checkbox"/> Gas Meter (property side of meter)

<b>APPLICANT HAS READ AND ACKNOWLEDGES THE FOLLOWING:</b>
1) Permit fee(s) owed per City of Oakland Current Master Fee Schedule. 2) Licensed Professional certifies that they have adequate Workers' Compensation Insurance. 3) Licensed Professional has a valid Oakland Business License. 4) By signing below, applicant certifies that all information provided herein is true and correct to the best of their knowledge.

<b>Applicant's Signature</b> _____  <b>Date</b> _____	<b>THIS BOX FOR OFFICE USE ONLY</b> <hr/> Staff Preparing Permits _____ Date _____ <hr/> <b>SL210</b> _____ <hr/> <b>X210</b> _____
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