



VALLEJO FLOOD AND WASTEWATER DISTRICT
Providing Quality Wastewater and Flood Control Services

Engineering

Sewer Encroachment Permit Application

TODAY'S DATE: \_\_\_\_\_

WORK SITE ADDRESS: \_\_\_\_\_

APPLICANT

NAME: \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

ADDRESS (if not the same): \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK TYPE (check one): [ ] Single property sewer line [ ] Utility (provide agency name): \_\_\_\_\_

CONTRACTOR'S LICENSE #: \_\_\_\_\_ TYPE: \_\_\_\_\_

IS EXCAVATION REQUIRED WITHIN THE PUBLIC RIGHT OF WAY? [ ] YES [ ] NO

(If you answer yes, an excavation permit may be required. Contact the City of Vallejo Public Works Department at (707-648-4315).)

WORK DESCRIPTION (check all that apply):

- [ ] Backflow Prevention Device [ ] Sewer Cap Off
[ ] District Cleanout Installation or Replacement [ ] Upper Lateral Cleanout Installation or Replacement
[ ] Lower Lateral Replacement [ ] Upper Lateral Replacement
[ ] Lower Lateral Spot Repair [ ] Upper Lateral Spot Repair
[ ] Main Line Spot Repair [ ] Video Inspection
[ ] Manhole Installation or Replacement [ ] Wye Installation or Replacement
[ ] Other (please explain): \_\_\_\_\_

By signing below, I acknowledge that the information provided in this application, and any attachments, are true and correct to the best of my knowledge. Please email signed application to admin@vallejowastewater.org.

Signature: \_\_\_\_\_

FOR DISTRICT USE ONLY

District Inspection Required? [ ] YES [ ] NO Inspection Fee: \$ \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Review Comments: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Permit # \_\_\_\_\_