



## SANITARY DISTRICT SEWER PERMIT REQUEST *(Over-the-Counter)*

This application is in accordance with Cupertino Sanitary District Resolution No. 1263 and Ordinance No. 123 and is supplemental to a City/County building/plumbing same-day permit.

Single Family Project       Multi-Family Project       Commercial Project

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

City Permit Number: \_\_\_\_\_ District Permit Number: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

District will notify owner/applicant of the required fee within **five business days** after pre-inspection has been completed. All fees are non-refundable and payable by Visa, MasterCard, check or cash.

*I, as property owner or authorized agent, acknowledge that all Cupertino Sanitary District requirements will be met, and all required fees will be paid prior to the approval of final inspection for proposed project. I acknowledge that fees paid are non-refundable and this permit expires one year from approval date.*

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

Owner / Authorized Agent

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

City Authorized Representative Only

### CUPERTINO SANITARY DISTRICT OFFICE USE ONLY

Pre-inspection Required       Visual Inspection Required  
 Date Scheduled: \_\_\_\_\_       Final CCTV Inspection Required

District Comments/Requirements: \_\_\_\_\_

#### Inspection Fees:

- \$400/unit - Single Family Residential already connected, but new cleanout is required
- \$300/unit - Single Family Residential already connected with existing cleanout in working order
- \$800/unit - New Lateral Installation with CCTV Included
- \$300/unit - Grease Trap Inspection
- \$600/unit - Grease Interceptor/Oil Separator Inspection
- \$250/each - Disconnect and/or abandon lateral service

#### Plan Check Fees:

- \$300 - Lateral Plan Check
- \$800 - Grease Control Device Plan Check
- Change in Use Fees. Actual Amount: \_\_\_\_\_
- Fee Paid      Date Paid: \_\_\_\_\_

Final Approval By: \_\_\_\_\_  
Cupertino Sanitary District Authorized Representative

Date: \_\_\_\_\_