CITY OF PINOLE

PUBLIC WORKS DEPARTMENT
2131 Pear Street
Pinole, CA 94564
Phone: (510) 724-9010
FAX: (510) 724-9826
www.ci.pinole.ca.us

APPLICATION FOR PRIVATE SEWER LATERAL REPAIR / REPLACEMENT PROGRAM

PROPERTY INFORMATION
Property Address:
APN:
PROPERTY OWNER CONTACT INFORMATION
Name:
Contact:
Address:
City:
State, Zip
Phone:
E-Mail:

By signing this application, I certify that (i) I have read and understand the "Private Sewer Lateral Assistance Program Guidelines"; (ii) I am the legal owner or, if the owner is a tax-exempt public service organization, the legal representative of the owner of the subject property described above; (iii) I recognize the acceptance of this sewer lateral assistance program application is not a guarantee or promise by the City of Pinole to approve sewer lateral rebate funds for private sewer lateral replacement or repairs at the above-described property; (iv) I understand the City of Pinole will award one (1) sewer lateral rebate to property owner(s) on a first come first served basis until all sewer lateral assistance program funds are exhausted for the subject property described above; (v) I must maintain the private sewer lateral at the above-described property in compliance with Pinole Municipal Code Chapter 13.20 even if this sewer lateral assistance program application is not approved; (vi) I have not submitted a claim to the City or any other public agency for reimbursement of costs incurred to make the sewer lateral replacement described above; and (vii) I understand the City of Pinole does not guarantee the work of contractors on private sewer laterals. I hereby grant the City of Pinole all rights of access onto the subject property necessary to process this application, such rights to be exercised only during normal business hours and with reasonable notice to occupants of the subject property.

Name: _____

Signature: _____Date: _____

SEWER LATERAL INFORMATION

Lateral Length:	Sewer Lateral Video Review Permit Number:
Lateral Depth:	

Work Proposed (Select One):
☐ Full Lateral Replacement
☐ Upper Lateral Replacement
☐ Lower Lateral Replacement
☐ Spot Repair / Other (Describe) _____

---------- FOR OFFICE USE ONLY ----------

Reviewed By:

Submission Checklist:
☐ Three (3) contractor quotes (dated within 60-days of this application)
☐ Sewer Lateral Deficiency Notice
Has the applicant previously received a lateral assistance program rebate? ☐ Yes ☐ No

☐ Approved ☐ Incomplete ☐ Denied

Approved Date:	Approved Amount:

Notes:

City of Pinole Public Works Department