

BAYSHORE SANITARY DISTRICT
36 Industrial Way
Brisbane, CA 94005

PERMIT NO. _____

CLASS 4 PERMIT APPLICATION

1. Location of Construction Activities

APN: _____

Street Address: _____

2. Owner:

Name: _____

Address: _____

Telephone Number: _____

3. Owner's Agent:

Name: _____

Address: _____

Telephone Number: _____

4. Contractor:

Name: _____

Address: _____

Telephone Number: _____

5. Type of Activity (check action(s) that apply)

New industrial discharge permit

Renewal of existing industrial discharge permit

Private wastewater disposal permit

Sewer appurtenance permit

Resumption of use permit

Waiver

Other

Description of Work or Action Requested

6. Estimated fee \$ _____

7. Comments: Contact District prior to submitting the permit application to obtain estimate of plan review and inspection fee.

Attachments Required:

- 1. Copy of construction plans and specifications, if applicable
- 2. Fees

In consideration of the granting of this permit, the undersigned agrees:

- 1. To accept and abide by all provisions of all pertinent ordinances and regulations of the District
- 2. To notify the District at least 3 working days prior to the start of construction
- 3. To provide the District with the name and phone number of a contact person who can be contacted at anytime throughout the duration of the construction.

Dated: _____ Signed _____

(Applicant)

Address: _____

For District Use Only

Permit Required: _____ Yes _____ No Permit Number Issued: _____

Comment: _____

Approved: _____ Date Issued: _____