

BAYSHORE SANITARY DISTRICT

36 Industrial Way
Brisbane, CA 94005
(415) 467-1144

CLASS 3 PERMIT APPLICATION

1. **Parcel Location:** _____
Assessor's Parcel Number: _____
Lot: _____ Block: _____
2. **Owner:** Name: _____
Address: _____

Telephone Number: _____
3. **Owner's Agent:** Name: _____
Address: _____

Telephone Number: _____
4. **Contractor:** Name: _____
Address: _____

Telephone Number: _____
5. **Permit Type:** _____
6. **Type of Work to Be Done** _____
7. **Comments:** _____
9. **Attachments Required:**
 1. Evidence of completion of an Environmental Review under CEQA.
 2. Fees (Estimated fees are for plan checking and inspection of construction).
 3. Copy of Improvement Plans & Specifications.
 4. Other _____

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, City of San Francisco, City of Daly City, City of Brisbane and San Mateo County.
2. To notify the District at least forty-eight (48) hours before construction of the improvements.

Dated: _____

Signed _____
(Applicant)

Address _____

Telephone Number _____