



Town of Apple Valley

SEWER PERMIT

24-HOUR NOTICE REQUIRED FOR LATERAL INSPECTION!

(760) 240-7000, ext. 7500

JOB ADDRESS: _____ Unit #: _____
 LOT: _____ TRACT: _____ APN: _____
 BUSINESS NAME: _____ PHONE: _____
 OWNER: _____ PHONE: _____
 MAILING ADDRESS: _____
 CITY STATE ZIP
 OFF-SITE CONTRACTOR: _____ PHONE: _____

SEWER PERMIT REQUIREMENTS

1. A COPY OF THIS PERMIT MUST BE PROVIDED TO THE TOWN OF APPLE VALLEY BUILDING AND SAFETY DEPARTMENT PRIOR TO ISSUANCE OF A BUILDING PERMIT.
2. INSPECTIONS ARE REQUIRED FOR ALL CONNECTIONS TO THE TOWN'S SEWER SYSTEM. CONNECTION TO THE SEWER SYSTEM WITHOUT A PERMIT IS SUBJECT TO PROSECUTION.
3. **MINIMUM SIZE OF STREET LATERAL LINE SHALL BE FOUR INCHES (4") FOR SFR AND SIX INCHES (6") FOR ALL MULTI-FAMILY AND COMMERCIAL CONSTRUCTION.**
4. A TOWN OF APPLE VALLEY ENCROACHMENT PERMIT IS REQUIRED FOR ALL WORK WITHIN THE ROAD RIGHT-OF-WAY. (24-HOUR ADVANCE NOTICE IS REQUIRED FOR ALL INSPECTIONS).
5. AN \$95.10 CHARGE WILL APPLY FOR RE-INSPECTIONS.
6. TOWN OF APPLE VALLEY BUILDING AND SAFETY DEPARTMENT INSPECTION IS REQUIRED BEFORE TRENCHES ARE BACK-FILLED.
7. **GRADE VERIFICATION PRIOR TO CONSTRUCTION IS THE SOLE RESPONSIBILITY OF OWNER/OWNER'S AGENT/CONTRACTOR.**

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF THE BUILDING PERMIT HAS EXPIRED OR IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK HAS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. All work shall be performed in compliance with Federal, State and Cal-OSHA safety regulations.

SIGNATURE: _____ DATE: _____
 OWNER/OWNER'S AGENT/CONTRACTOR

DATE ISSUED: _____	BY: _____	PERMIT #: _____
PERMIT- AMOUNT DUE: \$ _____	DATE PAID: _____	AMOUNT PAID: \$ _____
PAID BY: <input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT	<input type="checkbox"/> P.I.F. DATE: _____
D.I.F.- AMOUNT DUE: \$ _____	DATE PAID: _____	AMOUNT PAID: \$ _____
PAID BY: <input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT	<input type="checkbox"/> P.I.F. DATE: _____
<input type="checkbox"/> SFR <input type="checkbox"/> MFR <input type="checkbox"/> Addition <input type="checkbox"/> T.I.: _____	<input type="checkbox"/> COMM # OF UNITS: _____	TOTAL PFU: _____
LATERAL IN? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PVC PIPE <input type="checkbox"/> CLAY PIPE (DISTRICT 1-A)	
NOTES: _____		

OFF-SITE LATERAL: DATE: _____ INSPECTOR: _____
 FINAL OCCUPANCY INSPECTION: DATE: _____ INSPECTOR: _____