

# SAN ANDREAS SANITARY DISTRICT PERMIT APPLICATION

**Instructions:** Select the type of service needed and your applicant type from the dropdown boxes below. Residential applicants complete the Residential Applicant and Property Information sections. Business applicants complete Business Applicant and Property Information sections. All applicants complete Proposed Project Information if applicable. Print, sign and mail application along with required supporting documentation and fees to District office at:

**San Andreas Sanitary District  
PO Box 1630  
San Andreas, CA 95249**

Type of Service Requested:  
Type of Applicant:

Today's Date:

**Residential Applicant Information:**

Owner's Name:			
Joint Owner:			
Mailing Address: City, State Zip:			
Contact Phone: Other Phone:	Cell Phone:		
Email:			

**Business Applicant Information:**

Company Name:			
Contact Name:			
Mailing Address: City, State Zip:			
Business Phone: Other Phone:	Contact Phone:		
Email:			

**Property Information:**

Service Address: City, State Zip:			
Assessor Parcel Number: <i>(Attach APN Map to application)</i>			Escrow Closed: Current Zoning:
Property Use:			
Property is:	Owner Occupied	Rental	
Multiple Units:	Yes, Number of Units	No	

**Note:** Service is to remain in the property owners name and address. Renters can contact the District office to get account balance, pay the bill, or request a copy of the bill.

**Proposed Project:**

Proposed Zoning:			
Proposed Use of Property (attach preliminary site plan):			
Type of Use:	Number of Structures: _____	Total Square Feet: _____	
Number of Bedrooms: _____	Number of Employees: _____	Number of Customers: _____	
On-site food preparation?: _____ Yes _____ No			
On-site use of industrial chemicals or hazardous materials?: _____ Yes _____ No			

Applicant Name:  
 Service Property:

**Proposed Project continued:**

Estimated monthly flow to be generated by proposed project: _____ gallons per day
Describe characteristics of wastewater to be discharged to SASD collection system:
Other Permits:
Calaveras County Building Department Permit No.:
Calaveras Public Utilities District Permit No.:
Calaveras County Business License No.:

As owner of the real property listed above, I understand I am responsible for any unpaid debts that may accrue through the use of District Sewer on the property, including but not limited to renter or lessee. As property owner I acknowledge and agree that the sewer services is provided in conformance with the Rules & Regulations Governing Sewer Services as amended time to time by the Board of Directors.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

**For District Use Only**

Is there an existing lateral serving the property?	___ Yes ___ No
Is property within District boundary?	___ Yes ___ No
Has capacity been allocated to existing property?	___ Yes ___ No
Has Permit Application Fee been paid? Amount: _____ Date: _____	___ Yes ___ No
Is property current on SASD service charges? Delinquent Amount: _____ Penalty/Interest: _____	___ Yes ___ No
Is there adequate capacity on downstream collection system?	___ Yes ___ No
Is there an existing District line immediately accessible to property?	___ Yes ___ No
Will service require extension of District line? Service connection to District line: _____	___ Yes ___ No
Grease/oil trap required?	___ Yes ___ No
On-site pretreatment required?	___ Yes ___ No

Customer's Account Number:
----------------------------