For office	use	only
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PINOLE CARE

Application Number	
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Receipt Number:

APPLICATION FOR SEWER LATERAL CERTIFICATE

Property Address:			Date:			
			Parcel Nun	nber:		
PROPERTY OWNI	ER or BUYER	INFORMATION				
Name:			Email:			
Address:		City:	State & Zij):	Phone:	
THIS APPLICATIO	ON IS FOR:	Transfer of Ownership: [Sewer Lateral Repair/Replacement: [Prope	rty Remodel: Rental Unit:	City Requ	
	Sewer La	teral Review Fee: \$1	10.00	Inspecti	ion Date:	
	Please submit DVD or VHS.					
	Contractor I	nformation:				
	Notes or Con	nments:				

MAILING INFORMATION (Please Print)

Name of Applicant:		Title:	
Company:		Email:	
Address:	City:	State & Zip:	Phone

To the best of my knowledge, the information submitted herewith complies with all requirements set for by the City of Pinole Municipal Code, Ordinance No13.20, inclusive. I declare under penalty of perjury that all information submitted herein applies to the subject address and to no other properties.

Signature of Applicant	Date
Please bring the completed application, payment and DVD (or VHS) to the Pinale City Hall Upon completion of	

Please bring the completed application, payment and DVD (or VHS) to the Pinole City Hall. Upon completion of video inspection review, the applicant will receive an email with a Compliance Certificate or Deficiency Notice.