



**City of Pacific Grove**

Community Development Department – Building Division

300 Forest Avenue, Pacific Grove, CA 93950

Tel: (831) 648-3191 | Fax: (831) 648-3184 | www.cityofpacificgrove.org/cdd

**OFFICE USE ONLY**

Application No: \_\_\_\_\_

**Sanitary Sewer Lateral Inspection Form**

**SEC I: PROPERTY INFORMATION**

Project Address	Assessor Parcel No.
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**SEC II: APPLICANT INFORMATION**

NAME:	PHONE:	EMAIL:
MAILING ADDRESS:		

**SEC III: SEWER LATERAL INFORMATION**

Has the lateral been replaced within the last ten (10) years?	<input type="checkbox"/> Yes (Provide documentation )
	<input type="checkbox"/> No (Sewer Lateral inspection required. See Section IV)

**SEC IV: SEWER LATERAL INSPECTION (This section must be completed by a licensed plumber)**

Inspection Date	Contractor Name
Contractor Phone	Contractor Email
Contractor Mailing Address	Contractor License #:

*All of the following questions must be answered*

	YES	NO	<b>IMPORTANT NOTICE:</b> <i>Based on the information provided, a Notice to Repair may be issued within thirty (30) business days after receipt of this form. The Notice to Repair shall specifically identify the deficiencies to be corrected and shall establish a deadline of 30 days within which the property owner shall complete the required corrective actions. The corrective action may include a requirement that the lateral be replaced altogether and also may include the installation of cleanouts and backwater valves if those devices are otherwise required by the City or the current and adopted version of the California Plumbing Code.</i>
Is cleanout/sewer relief vent installed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is sewer backwater valve needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is sewer backwater valve installed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the connection to the sewer main serviceable and in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the sewer lateral free from roots, grease deposits and other solids that may impede or obstruct the transmission of waste water?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all joints water tight, sound and free from structural defects, cracks, breaks, openings, sags, or missing portions to prevent exfiltration by ground or storm water?	<input type="checkbox"/>	<input type="checkbox"/>	
LICENSED PLUMBER SIGNATURE	PRINT NAME	DATE	

**APPLICANT DECLARATION:** I hereby certify under that I have authority to make the foregoing application and the information contained herein is correct.

PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE
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