Tomales Village Community Services District P.O. Box 303 Tomales, CA 94971 707/878-2767 admin@tomalescsd.ca.gov

APPLICATION FOR SEWER SERVICE

Application Date:	District App No.:
Lot Address:	
APN #:	
PROJECT NAME & LOCATION: No. & Type of Dwelling Unit(s): ☐ Application for Sewer Connection to an Existing Subdivided Lot within District Boundaries ☐ Application for Sewer Connection to a Lot outside District Boundaries ☐ Application for Sewer Existing Connection Replacement ☐ Application for Sewer Existing Connection Relocation ☐ Other (Specify Requested)	
side sewer* to the District sewer m	rice you are requesting and your desired timetable for connection of the ain. Please attach a map drawn to scale and a copy of the building
BUILDING PERMIT/LAND USE A	PPROVAL DATE:
	Phone No.: Zip Code:
Type: ☐ Individual ☐ Partnership (Limited/Gene	ral) ner) Corp. I. D. No.:
Legal Names of Two Officers Authorame:	orized to Execute Legal Documents (if applicable):Title:
Name of Person to Contact:	Phone No.:
Address:AGREEMENT TO PAY DISTRICT	COSTS: The undersigned hereby agrees to promptly pay all costs
connection and/or required \$1500 acknowledges that this application the District to provide sewer service	
DATE:	Applicant's Signature:
Date Received by District: Initial Funds – Received:	Applicant's Signature: By: Receipt No.:

* NOTE: SCHEDULE A CONSTRUCTION INSPECTION WITH THE DISTRICT OPERATOR <u>AT LEAST 72 HOURS IN ADVANCE</u> of when you are ready to make the connection to the side sewer connecting the structure to the sewer main. The entire side sewer must be exposed so that the inspector can conduct visual inspection and witness leakage tests conducted by applicant's contractor.