



**COUNTY OF SAN MATEO
DEPARTMENT OF PUBLIC WORKS**

555 County Center, 5th Floor
Redwood City, CA 94063
(650) 363-4100

SIP NO. _____

HANSEN SR NO. _____

BLDG/PLN PERMIT NO. BLD2016-00162

DPW PERMIT NO. _____

SEWER INSPECTION PERMIT (SIP)

PROPERTY DESCRIPTION		TYPE OF WORK TO BE DONE	
Street Address 2139 Ticonderoga Dr (Highland Estates Lot 7)		Permit to: (X) Install Property Line Cleanout () Cap Lateral (X) Install New Lateral (open cut) / trenchless <small>Ductile iron pipe to be used if lateral has less than 3' cover to top of pipe. Trenchless is only allowed after lateral CCTV approval and lateral has a min. of 3' cover to top of pipe.</small> () Repair Existing Lateral () Other _____ Type of Property: (X) Residential () Commercial () Other _____	
City or County Area San Mateo			
Assessor's Parcel Number 041-101-400			
Sewer District CSCSD			
OWNER	Name _____	CONTRACTOR	Name _____
	Address _____		Contractor License No. _____
	City _____		Address _____
	Phone # _____		City _____
			Phone # _____

Attention is directed to San Mateo County Standard Details. The following documents have been given to the applicant.

- (X) Sewer Cleanout Detail (X) Sewer Lateral Detail (X) Sanitary Sewer Inspection Checklist
 (X) Sewer Inspection Guideline and Sequence () Other _____

THE PERMITTEE SHALL GIVE THE COUNTY SEWER DISTRICT AT LEAST ONE (1) WORKING DAY NOTICE FOR INSPECTION. PLEASE CALL (650) 599-1403 TO SCHEDULE A SIP INSPECTION, WITH FRIDAYS, SATURDAYS, SUNDAYS, AND HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-SITE DURING INSPECTION.

This permit is valid for one (1) year from the date issued. A fee is required to renew the permit.

SIP FEE: \$300.00 (Cash or Check Payable to "County of San Mateo" only)

AMOUNT PAID: \$ _____ **invoiced** () Cash () Personal Check () Business Check

Applicant/Contractor: _____
Signature Date

SIP Issued By: _____
Signature Date

- By signing the above, the contractor hereby certifies that he or she is licensed and the license is in full force and effect (see B&P Code §7031.5). The contractor is responsible for providing a copy of this SIP to the property owner.
- The contractor and property owner are responsible to comply with all the requirements of this SIP.

FOR SEWER DISTRICT STAFF USE ONLY

The following information is required prior to SIP signoff. Inspector to check with office before signoff.

- () CCTV of Mainline from Manhole to Manhole () Recorded Covenant () Commercial Water Account () As-Built Plans
 () SSC Payment

Backflow Prevention Device Recommended: () Yes → notify property owner () No

Lateral / Cleanout Material at Final Inspection: () PVC () HDPE () DIP () VCP () Other _____

Indicate all changes that differ from above "Type of Work to be Done": _____

SIP Approved By: _____
Signature Date

It is the permittee's obligation and responsibility to ensure that all work associated with this Permit complies with all current Orders of the Health Officer of the County of San Mateo related to the Novel Coronavirus Disease 2019 (COVID-19). The County of San Mateo assumes no responsibility for work performed by permittee that is not in compliance with all current Orders.



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555 County Center, 5th Floor
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SIP NO. _____

HANSEN SR NO. _____

BLDG/PLN PERMIT NO. BLD2016-00161

DPW PERMIT NO. _____

SEWER INSPECTION PERMIT (SIP)

PROPERTY DESCRIPTION		TYPE OF WORK TO BE DONE	
Street Address 2141 Ticonderoga Dr (Highland Estates Lot 8)		Permit to: <input checked="" type="checkbox"/> Install Property Line Cleanout <input type="checkbox"/> Cap Lateral <input checked="" type="checkbox"/> Install New Lateral (<u>open cut</u> / trenchless) <small>Ductile iron pipe to be used if lateral has less than 3' cover to top of pipe. Trenchless is only allowed after lateral CCTV approval and lateral has a min. of 3' cover to top of pipe.</small> <input type="checkbox"/> Repair Existing Lateral <input type="checkbox"/> Other _____	
City or County Area San Mateo			
Assessor's Parcel Number 041-101-400			
Sewer District CSCSD			
OWNER Name _____ Address _____ City _____ Phone # _____		CONTRACTOR Name _____ Contractor License No. _____ Address _____ City _____ Phone # _____	

Attention is directed to San Mateo County Standard Details. The following documents have been given to the applicant.

- Sewer Cleanout Detail
 Sewer Lateral Detail
 Sanitary Sewer Inspection Checklist
 Sewer Inspection Guideline and Sequence
 Other _____

THE PERMITTEE SHALL GIVE THE COUNTY SEWER DISTRICT AT LEAST ONE (1) WORKING DAY NOTICE FOR INSPECTION. PLEASE CALL (650) 599-1403 TO SCHEDULE A SIP INSPECTION, WITH FRIDAYS, SATURDAYS, SUNDAYS, AND HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-SITE DURING INSPECTION.

This permit is valid for one (1) year from the date issued. A fee is required to renew the permit.

SIP FEE: \$300.00 (Cash or Check Payable to "County of San Mateo" only)

AMOUNT PAID: \$ _____ invoiced
 Cash
 Personal Check
 Business Check

Applicant/Contractor: _____ **SIP Issued By:** _____
 Signature Date Signature Date

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FOR SEWER DISTRICT STAFF USE ONLY

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 Recorded Covenant
 Commercial Water Account
 As-Built Plans
 SSC Payment

Backflow Prevention Device Recommended: Yes → notify property owner
 No

Lateral / Cleanout Material at Final Inspection: PVC
 HDPE
 DIP
 VCP
 Other _____

Indicate all changes that differ from above "Type of Work to be Done": _____

SIP Approved By: _____
 Signature Date

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