



For office use only
Application Number: _____
Receipt Number: _____

APPLICATION FOR SEWER LATERAL VIDEO REVIEW

Property Address:	Date:
	Parcel Number:

PROPERTY OWNER or BUYER INFORMATION

Name:		Email:	
Address:	City:	State & Zip:	Phone:

THIS APPLICATION IS FOR: **Transfer of Ownership:** **Property Remodel:** **City Request:**
 Sewer Lateral Repair/Replacement: **Rental Unit:** **Change of Use:**

Sewer Lateral Review Fee: \$85.00	Inspection Date:
Please submit DVD or USB Drive.	
Contractor Information: State License #:	City Business License #:
Notes or Comments:	

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 USB Drive) to the Pinole City Hall. Upon completion of video inspection review, the applicant will receive an email with a Compliance Certificate or Deficiency Notice.

2131 Pear St • Phone: (510) 724-9010 • Fax: (510) 724-4921
City Website: <http://www.ci.pinole.ca.us>