**San Rafael Sanitation District**
111 Morphew Street
San Rafael, CA 94901
Telephone 415 454-4001

# WILL SERVE APPLICATION
# COUNTY RESIDENTS

APPLICATION NO. _____

DATE SUBMITTED _____

*NOTE: APPLICANT TO APPLY FOR SRSD SEWER PERMIT PRIOR TO CONSTRUCTION*

**ADDRESS OF WORK:** _____

☐ **OWNER** ☐ **OTHER (SPECIFY)**

**NAME OF PROPERTY OWNER:** **ADDRESS** **CITY, STATE, ZIP** **TELEPHONE:**

**NAME OF APPLICANT:** **ADDRESS** **CITY, STATE, ZIP** **TELEPHONE:**

**EMAIL ADDRESS:**

**CHECK ONE:**

☐ **Connection to Existing Lateral** ☐ **2nd Connection to District Main** ☐ **New Connection to District Main**

**RELATED PERMITS**

☐ **COUNTY BUILDING/PLANNING APPLICATION NO.** _____

☐ **COPY OF COUNTY APPLICATION ATTACHED**

**DESCRIPTION OF WORK, METHOD USED, AMOUNT FOOTAGE REPLACED:** (Attach plan and details complying with San Rafael Sanitation District Standard Plans and Specifications.)

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**DO NOT WRITE BELOW THIS LINE-FOR USE BY DISTRICT STAFF ONLY**

**NOTES:**

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Plans Reviewed on _____

Plans Accepted on _____

Will Serve Letter sent on _____

If Applicable:
LAFCO Resolution for Annexation No. _____