



**San Rafael  
Sanitation  
District**

111 Morphew Street  
San Rafael, CA 94901

Telephone 415 454-4001

**SANITARY SEWER PERMIT**

**PERMIT NO.** \_\_\_\_\_

- **Keep permit at work site**
- **Call for Inspection minimum 72 hours in advance (415) 485-3194**

**NAME OF APPLICANT:**

**LOCATION OF WORK:**

**OWNER**     **CONTRACTOR**

**NAME OF PROPERTY OWNER:**

**ADDRESS**

**CITY,STATE,ZIP**

**TELEPHONE:**

**NAME OF CONTRACTOR:**

**ADDRESS**

**CITY,STATE,ZIP**

**TELEPHONE:**

**CA. CONTRACTOR LICENSE:**

**CITY BUSINESS LICENSE #**

**START DATE:**

**COMPLETION DATE:**

**CHECK ONE:**

**Residential**

**Commercial**

**Industrial**

**Institutional**

**CHECK ONE:**

**Repair/Replacement**

**New Connection**

**Additional Connection**

**Other** \_\_\_\_\_

**ENCROACHMENT PERMIT:**     **Not Applicable**

**City of San Rafael Permit No.** \_\_\_\_\_

**County of Marin Permit No.** \_\_\_\_\_

**Work Completed/Inspected By** \_\_\_\_\_ **Date Inspected** \_\_\_\_\_  
*Signature*

**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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\_\_\_\_\_

**SPECIAL CONDITIONS:** (Leave blank for use by SRSD staff)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Approved by SRSD Staff**

\_\_\_\_\_  
**Date Issued**

\_\_\_\_\_  
**Work Completed/Inspected By**

\_\_\_\_\_  
**Date Inspected**

**COPIES:**

**FILE (ORIGINAL)**

**INSPECTOR**

**APPLICANT**

**GENERAL CONDITIONS:**

1. All work shall be performed in accordance with the San Rafael Sanitation District Standard Plans and Specifications.
2. Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performances of the work hereunder by the contractor, his agents, representatives, or subcontractors. Please refer to "Insurance Requirements for Contractors."
3. Applicant shall hold the San Rafael Sanitation District and its employees, agents and representatives harmless and assume all liability for claim or claims which may arise by or because of this permit: By issuance of this permit, the District and its employees, agents and representatives shall not assume any obligation for future changes made by or because of design, construction, maintenance, or traffic.
4. All work shall be performed between 8:00 AM, and 5:00 PM, Monday thru Friday, unless the City of San Rafael or County of Marin Encroachment Permit states otherwise.
5. Call the SRSD Construction Inspector, Mohammad Sotoudeh at (415) 485-3194 or email request to schedule inspection to [Mohammad.Sotoudeh@CityofSanRafael.org](mailto:Mohammad.Sotoudeh@CityofSanRafael.org) at least 72 hours in advance prior to inspection of sewer installation and connection.
6. Permit is valid for 6 months after Date Issued.
7. The contractor is required to CCTV the (E) pipe prior to pipe bursting and confirm no evidence of pipe sag. If sag is found, the contractor is responsible to address the sag. Permit drawings must include note to confirm no sag found in the (E) pipe or to correct the sag prior to pipe bursting.

**INDEMNIFICATION AGREEMENT:**

By the applicant's signature to this application, the applicant hereby agrees:

- A. To the maximum extent permitted by law, to indemnify, defend and hold harmless the San Rafael Sanitation District (SRSD), its officials, agents, employees and volunteers against any and all liabilities, losses, claims, actions, causes of action or demands whatsoever against any of them, including any injury to or death of any person or damage to property or other liability of any nature, including but not limited to attorney's and expert fees and court costs, arising out of or connected with the installation, operation and maintenance of any facilities in or the use of any public right-of-way by permittee or permittee's employees, officers, officials, agents, transferees, contractors or subcontractors pursuant to the permit issued pursuant to this application: provided, that the obligation to indemnify the District hereunder shall not apply to any liabilities, losses, claims, actions, causes of actions or demands arising from SRSD's sole negligence, willful misconduct or criminal acts.
- B. To the maximum extent permitted by law, to defend, indemnify, release and hold harmless SRSD, it's agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities ("indemnities"), the purpose of which is to attack, set aside, void or annul the approval of any permit issued pursuant to this application, or the adoption of any environmental document which accompanies the permit issued pursuant to this application.
- C. In the event of any claim, action or proceeding as described above is brought, SRSD shall promptly notify the permittee of any such claim, action or proceeding, and the District will cooperate fully in defense of such claim, action, or proceeding. In the event the permittee is required to defend the District in connection with any said claim, action or proceeding, SRSD shall retain the right to approve any and all settlements affecting the validity or interpretation of SRSD ordinance or regulation, which approval shall not be unreasonably withheld. Nothing herein shall prohibit SRSD from participating in the defense of any claim, action or proceeding where applicant already has retained counsel to defend SRSD in such matters, the fees and the expenses of the counsel selected by SRSD shall be paid by SRSD.

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**DECLARATION/APPLICANT'S SIGNATURE:**

I hereby acknowledge that I have read this permit application and state that the above is correct and agree to comply with all the above and all San Rafael Sanitation District Standards, City of San Rafael Standards, and all applicable Ordinances and provisions of State Laws, and the rules of any governmental agency involved.

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**Signature of Applicant (Owner or Authorized Agent)**

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**Date**

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