

**MENDOCINO CITY COMMUNITY SERVICES DISTRICT  
P. O. BOX 1029  
MENDOCINO, CA 95460  
Office (707) 937-5790 Treatment Plant (707) 937-5751  
Fax (707) 937-3837**

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**APPLICATION FOR SEWER LATERAL CONNECTION**

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Property Owner Name, Billing Address, Telephone Number

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Contractor Name, Address, Telephone Number

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Property Location, Street Address, Nearest Cross Street, APN

Type of Use: Commercial \_\_\_\_\_  
(Please specify)

Residential \_\_\_\_\_  
Multiple or single (please specify)

Applicant agrees to comply with Rules and Regulations of the District pertaining to New Sewer Lateral Connections, attached hereto.

It is understood between the applicant and the District that the total cost of materials and labor necessary in making the lateral connection is the responsibility of the applicant or the owner of the property.

Applicant agrees to hold harmless, defend and indemnify the District, its employees and/or officers, from any claim of whatever nature arising from the work to be done by Applicant or his contractor pursuant to this application.

Applicant acknowledges by signing this application that responsibility for the sewer lateral in all aspects shall be that of the owner or the owner's agent from the owner's property line to its point of origin. The Mendocino City Community Services district shall assume like responsibility for the lateral from the owner's property line downstream to the collection main line.

Applicant further agrees to notify the District when occupancy commences. Applicant agrees to pay the monthly sewer fee charges from that date and monthly interest charges at 10 percent on any unpaid balance.

Applicant agrees to comply with all MCCSD Ordinances.

This permit shall expire two years after the date of its issuance.

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**APPLICANT:**

Applicant agrees to pay the sewer connection fee of \$2,858 per ESD  
Applicant agrees to pay the admin. fee (\$200) or fee for Board approval (\$300)  
Applicant agrees to pay the inspection fee of \$150.00

If obtained from the District, applicant agrees to pay the clean out box fee of  
\$ \_\_\_\_\_

Dated: \_\_\_\_\_  
\_\_\_\_\_ Applicant

**APPROVAL OF PERMIT:**

This Right of Use Permit is issued without knowledge of applicant's compliance with Mendocino County Building Department, Planning Department, Health Department and/or California coastal commission rules and regulations and its issuance shall in no way imply that applicant has complied with these regulations or any other county or state agency regulations regarding the improvement(s) for which this permit is issued.

Application for Sewer Lateral connection approved by

\_\_\_\_\_ On \_\_\_\_\_, 20\_\_\_\_

**OFFICE USE: Validation of:**

- 1) Encroachment Permit No. \_\_\_\_\_
- 2) Connection Fee Paid: Date \_\_\_\_\_ Receipt No. \_\_\_\_\_
- 3) Inspection Fee Paid: Date \_\_\_\_\_ Receipt No. \_\_\_\_\_
- 4) Cleanout Box Fee Paid: Date \_\_\_\_\_ Receipt No. \_\_\_\_\_
- 5) Sewer Connection Inspection:

Date \_\_\_\_\_ Approved by \_\_\_\_\_