



Garberville Sanitary District
PO Box 211
919 Redwood Dr.
Garberville, CA. 95542
Office(707)923-9566 Fax(707)923-3130

APPLICATION FOR NEW SEWER CONNECTION

Note: This form is to be used for new sewer connections, alteration, relocation and discontinuation requests.

Property and Contact Details:

Property to be served: _____ **APN #** _____

Street Address: _____

Property Owner Details:

Full Name: _____
Street Address: _____
Mailing Address: _____
Phone Work# _____ Cell Phone# _____
Email Address _____

Applicant Details: (if not the owner)

Full Name: _____
Street Address: _____
Mailing Address: _____
Phone Work# _____ Cell Phone# _____
Email Address: _____

******This letter will be given to the Owner and Applicant******

Property Development Type

Residential:

Commercial-Industrial-Agricultural:

Check Boxes That Apply:

- New Building
- Existing Building
- Vacant Land
- Residential with Fire Sprinkler System
- Residential Home Business with Fire Sprinkler System
- Commercial with Fire Sprinkler System
- New
- Existing
- Vacant Land

INTENDED USE OF PROPERTY:

- Residential Home or Apartment
- Commercial (laundromat, school, office, etc.)
- Commercial (hospital, multi-family Units—Number of Units (____))
- Commercial (Mixed Use with Restaurant, etc.)
- Commercial (Restaurant, Bakery, Mortuary, etc.)
- Other---Please Explain _____

PROPERTY INFORMATION

Does the property have an existing sewer connection? Yes No how many? _____

Is there a backflow prevention device on property? Yes No

If yes, what is the hazard level? • High Medium • Low

DISCONNECTION/DEMOLITION

Do any water or sewer connections need to be disconnected? • Yes • No

If disconnection required, When? _____

CONNECTION SIZE

Connection required will be determined by GSD site inspection, with a minimum of 4” pipe.

Description of connection/alteration requirements: _____

NOTE: A detailed site plan showing property boundaries, existing water and sewer services, and proposed work must be attached to this application. The application cannot be approved without a plan. The plan needs to show the preferred location of the connection, including the street name and address.

CONNECTION FEE

I have enclosed the following connection fee with my application: • Sewer (\$8,000 per connection)

Total Connections _____ Total Connection Fees \$ _____

APPLICATION FOR NEW WATER CONNECTION

Note: This form is to be used for new water connections, alteration, relocation and discontinuation requests.

Property Development Type

Residential:

Commercial-Industrial-Agricultural:

Check Boxes That Apply:

- New Building
- Existing Building
- Vacant Land
- Residential with Fire Sprinkler System
- Residential Home Business with Fire Sprinkler System
- Commercial with Fire Sprinkler System
- New
- Existing
- Vacant Land

INTENDED USE OF PROPERTY:

- Residential Home or Apartment
- Commercial (laundromat, school, office, etc.)
- Commercial (hospital, multi-family Units—Number of Units (____))
- Commercial (Mixed Use with Restaurant, etc.)
- Commercial (Restaurant, Bakery, Mortuary, etc.)
- Other---Please Explain _____

PROPERTY INFORMATION

Does the property have an existing Water connection? Yes No How many? _____

Is a backflow prevention device on property or required? Yes No

If yes, what is the hazard level? • High Medium • Low

CONNECTION SIZE

Connection size required-(Standard size is 3/4'') _____

Description of connection/alteration requirements:

NOTE: A detailed site plan showing property boundaries, existing water and sewer services, and proposed work must be attached to this application. The application cannot be approved without a plan. The plan needs to show the preferred location of the connection, including the street name and address.

*This application and service from Garberville Sanitary District is subject to re-evaluation after one year:

CONNECTION FEE

I have enclosed the following connection fee with my application: ▪ Water (\$8,000 per connection)

Total Connections _____ Total Connection Fees \$ _____

DECLARATION

I, the undersigned, hereby declare that the information given on this application is true and correct. I am authorized to make this application in the name of the legal owner and in so doing, accept the conditions of the Garberville Sanitary District requirements for service.

▪ Yes, I have read the conditions of service.

Name _____ Date _____