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

APPLICATION FOR

SEWER LATERAL

COMPLIANCE CERTIFICATE

Property Address:	Date:
	Parcel Number:

PROPERTY OWNER or BUYER INFORMATION: (Name preferred on final certificate)

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

THIS APPLICATION IS REQUIRED DUE TO: **Transfer of Ownership:** ☐ **Property Remodel:** ☐ **City Request:** ☐

Sewer Lateral Repair/Replacement: ☐ **Additional Fixtures:** ☐ **Change of Water Service:** ☐

Please submit DVD at the same time as application if applicable. An application for certificate through replacement is the only time a DVD will not be required.	Inspection Date:
Contractor Information:	
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 Pacifica Municipal Code, Ordinance No. 784 C.S. 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 in or mail the completed application & DVD if applicable to the 700 Coast Hwy, Pacifica, Ca. 94044 - Attn. Collection System Manager. Upon completion of a review of video, the applicant will receive an email with a Compliance Certificate or a Deficiency Notice. If no email is available a copy will be mailed.