

Project Number: _____

Date: _____

SEWER PERMIT APPLICATION

PLEASE PRINT

Project Address/Location: _____

Contractor: _____

Address: _____

City: _____

State: CA

Zip Code: _____

Firm Name: _____

Phone Number: _____

State License Number: _____

Class: _____

Expiration Date: _____

City License Number: _____

Expiration Date: _____

Liability Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____

★ **NOTE:** The names listed on the STATE LICENSE, CITY LICENSE, and INSURANCE POLICY must be identical. If they are not, they must be corrected before a permit may be issued.

★ A soil compaction test fee of \$300.00 will be added to the permit fee if native soil is used for backfill material.

CHECK ITEMS BELOW FOR WHICH YOU ARE APPLYING:

- | | |
|---|---|
| <input type="checkbox"/> *Construct 6" House Connection (Wye) | <input type="checkbox"/> Subsequent Inspection/Visit |
| <input type="checkbox"/> *Construct 6" House Connection (Saddle) | <input type="checkbox"/> Grease Interceptor |
| <input type="checkbox"/> *Construct 8" or 10" House Connection to a Manhole | <input type="checkbox"/> Waste Water Discharge/Truck |
| <input type="checkbox"/> *Connect to an Existing House Connection | <input type="checkbox"/> Abandon & Cap House Connection |
| <input type="checkbox"/> Repair an Existing House Connection | |
- (Slurry Backfill required for the above items)*



Contractors Signature _____

Capacity Charge Payment Verified: _____

*L.A. Co. San. Dis. Connection Fee Payment Verified: _____

Approved by: _____
For the Long Beach Water Department

Sewer Data:

Block Sht. No. _____

Atlas No. _____

Manhole Location: _____

Wye Location _____

Saddle Location _____

Public Works Permits

Street Improvement and Temporary Street Occupancy Permits

In order to pull a Public Works Permit, the applicant should have the following items current:

1. **State License and Expiration Date**
2. **City Business License and Expiration Date** – Call (562) 570-6211 to apply for a new one or to verify if license is current.
3. **Federal Tax I.D. Number**
4. **Insurance Certificate** – Please see attached sample certificate (Accord Form)

The liability amounts required are as follows:

\$1,000,000.00 for each occurrence, and
\$2,000,000.00 for general aggregate

The Producer box should show the company name, address, phone and fax numbers. A contact person's name will be helpful.

The Insured box should show the complete company name or an individual name with the corresponding phone and fax, number, if available.

The policy number, and the effective and expiration dates are required.

The box showing the "Description of Operations" should refer to the type of permit. It is not necessary to use a specific project address.

The Certificate Holder box should be worded as such:

*City of Long Beach
Department of Public Works, Construction Division
333 W. Ocean Blvd, 10th Floor, City Hall
Long Beach, Ca 90802*

The Cancellation clause box should be worded in such a way that the insurer, its agents or representatives has the obligation or liability, when the policy has been cancelled prior to the expiration date.

5. **City of Long Beach Endorsement** – This form should be completed and signed by the same agent signing the insurance certificate.

In lieu of signing the City of Long Beach Endorsement Form, a signed **STATE OR POLITICAL SUBDIVISIONS** endorsement, form **CG20 12 11 85** (See attached sample) maybe used. This form should name in the space provided, **"The City of Long Beach, it's Boards and Commissions, and their Officials, Employees, and Agents"** as additional insured. **When using this form, a certified copy of the policy will be required.**

Documents maybe sent via fax at the number (562) 570-7161 or be emailed to monalisa.garcia@longbeach.gov. Conservatively, it will take up to **10 WORKING DAYS** for an approval.

-END-