



**APPLICATION FOR SEWER LATERAL /
CURB, GUTTER, SIDEWALK / EXCAVATION PERMIT**

Please complete all information below. Current telephone and email are required to process application.

Permit Type: Sewer Lateral <input type="checkbox"/> Curb, Gutter, Sidewalk <input type="checkbox"/> Non-Sewer Excavation		
Provide related permit numbers: PX / SL / B / GR / X / others _____		
Site Address:		
Applicant's Name	First:	Last:
Telephone / Email	Phone:	Email:
Are you the contractor or the agent? <input type="checkbox"/> Contractor <input type="checkbox"/> Agent		
Business Name:		
Contractor Information	License #:	Class:
USA #	Date:	

Check Type of Sewer Lateral Permit	
Repair/Replace Sewer on property	<input type="checkbox"/> One (1) Parking Space: ___/___/19 to ___/___/19
Sewer Excavation	<input type="checkbox"/> Abandon Sewer
New Construction Sewer (Plan and profile w/existing utilities prepared by Civil Engineer)	

Check Type of Curb, Gutter, Sidewalk Permit			Gutter Length___, Curb Length ___
New or Wider Driveway (Plan by Civil Engineer approved by Planning)			Area (square feet) _____
Repair/Replace Sidewalk	Provisional Certificate	Standard Certificate	Area (square feet) _____
Repair Driveway			Area (square feet) _____
Sidewalk Underdrain			Number of Underdrain _____
Driveway Appeals			Area (square feet) _____

Check Type of Excavation Permit	
Soil Boring / Monitoring Well Excavation	<input type="checkbox"/> Potholing
UGS Tank Excavation	<input type="checkbox"/> Water Meter
Others	

APPLICANT HAS READ AND ACKNOWLEDGES THE FOLLOWING:	
1) Permit fee(s) owed per City of Oakland Current Master Fee Schedule. 2) Refund request must be received prior to end date. Credit will only be approved for remaining future dates. 3) Licensed Professional certifies that they have adequate Workers' Compensation Insurance. 4) Licensed Professional has a valid Oakland Business License. 5) By signing below, applicant certifies that all information provided herein is true and correct to the best of their knowledge.	

Applicant's Signature _____	THIS BOX FOR OFFICE USE ONLY	
	Staff Preparing Permits _____	Date _____
	SL200 _____	SLX200 _____
	CGS20 _____	
Date _____	X200 _____	
Print name and title under signature(s)		