



# PAYMENT APPLICATION FOR SEWER INSPECTION

Mailing Address: P.O. Box 3427, San Bernardino, CA 92413  
Physical Address: 3654 E. Highland Avenue, Suite 18, Highland, CA 92346  
Phone: (909) 888-8986, Fax: (909) 383-1481

Date \_\_\_\_\_

STATE DIVISION OF INDUSTRIAL SAFETY (CAL-OSHA) Permit No. \_\_\_\_\_

Other Permit Nos. \_\_\_\_\_  
(Indicate Permit Nos. and names of all governing agencies)

APPLICANT \_\_\_\_\_

(PLEASE INDICATE ONE OF THE FOLLOWING):

CORPORATION  INDIVIDUAL  PARTNERSHIP  OTHER

If Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ Location \_\_\_\_\_

Job No. \_\_\_\_\_ Tract / Project No. \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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### SCHEDULE

Inspection Fee per day = \$ 600.00

Deposit per Manhole = \$ 250.00

#### FEE:

Inspection for Sewer Facility Construction:

Applicant estimated number of days to install: \_\_\_\_\_ x 'fee' ( \$600.00 ) = .....(a) \$ \_\_\_\_\_

#### DEPOSIT:

Manhole Deposit:

Number of Manholes: \_\_\_\_\_ x 'deposit' ( \$250.00 ) = .....(b) \$ \_\_\_\_\_

or

*In lieu of a monetary 'deposit', Applicant will submit*

a Guarantee Bond in the amount of .....(c) \$ \_\_\_\_\_

Applicant will pay by cash, check or money order, the sum of .....(a) + (b) \$ \_\_\_\_\_

(Account No. 22810 - SE)

Job No. \_\_\_\_\_

Task EXEPIN

### FOR OFFICE USE ONLY

APPLICATION taken by \_\_\_\_\_ Date \_\_\_\_\_

STREET OPENING PERMIT (for construction of Sewer Mains & Appurtenances)

submitted to the City of \_\_\_\_\_ Date \_\_\_\_\_