



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

APPLICATION FOR SEWER LATERAL 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 FOR: **Transfer of Ownership:** **Property Remodel:** **City Request:**
 Sewer Lateral Repair/Replacement: **Rental Unit:** **Change of Use:**

Sewer Lateral Review Fee: \$234.00	Inspection Date:
Please submit completed application along with a video inspection in DVD, Flash Drive, or email AAlvarez@herculesca.gov with a link to the video.	
Contractor Information:	
Notes or Comments:	

Video inspection review will begin when application, payment fee, and video submittal have been received by the City. Upon completion of video inspection review, the applicant will receive an email with a Compliance Certificate or Deficiency Notice.

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 Hercules Municipal Code, Ordinance No. 457, inclusive. 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