



COUNTY SANITATION DISTRICT NO. 2-3
OF SANTA CLARA COUNTY

COUNTY SANITATION DISTRICT NO. 2-3
20863 Stevens Creek Boulevard, Suite 100
Cupertino, CA 95014
Phone (408) 253-7071 ▪ Fax (408) 253-5173

Private Sewer Lateral Rehabilitation Assistance Program

APPLICATION

Submittal of this application is required to participate in the District Private Sewer Lateral Rehabilitation Assistance Program. Applicants are encouraged to review the program documents on the District website at csd2-3.org and call to discuss with District staff before completing the application. The program may provide a Loan to registered owners of residential and commercial property within the District to complete sewer lateral rehabilitation (installation of new cleanouts and replacement or repair of private sewer laterals to the building). Upon approval of the application, and prior to the work being completed, a Loan Repayment Agreement between the District and applicant will need to be completed. The Loan Repayment Agreement will be finalized as part of the work payment process.

Submit this application by mail or deliver to: County Sanitation District No. 2-3, 20863 Stevens Creek Boulevard, Suite 100, Cupertino, CA 95014

District Program Contact: Richard Tanaka (408) 253-7071, rtanaka@markthomas.com

Participant Information

Property Owner Applicant(s): _____

Property Address: _____

Assessor's Parcel Number: _____ - _____ - _____

Mailing Address (if different from above): _____

Home Number: _____ Work Number: _____ Mobile Number: _____

Site Information

1. Please state the nature of your request to participate in the District program:

2. State and explain the nature of the sewer lateral problem(s) if known:

Tree Roots: _____ Collapsed or Broken Pipe: _____ Grease/Fat Buildup: _____

Other: _____



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3. How many times have you had sewer back-ups in the past year (12 months): _____
4. Has your private lateral been inspected by a licensed plumber or contractor: Yes____ No____; *if Yes please attach a copy of the information if available.*
5. Has there been any work done to your lateral in the past year (12 months): Yes____ No____; *if Yes please attach a copy of the information if available.*
6. Do you have any sewer lateral rehabilitation cost quotes from licensed contractors: Yes____No____; *if Yes please attach a copy of the information if available.*
7. Is there a pending insurance claim filed for this work: Yes____ No____; *if Yes please attach a copy of the claim information.*
8. Please indicate the property type: Owner____ Tenant Occupied____ Single Family____
Multi-Family____ Commercial____ Other (specify):_____

Certification

I certify by signing this application that I am the legal owner of the property described herein. I am aware the submission of this document does not constitute that a loan has been approved by the County Sanitation District No. 2-3. I have read the program information discussing the requirements of the Private Sewer Lateral Rehabilitation Assistance Program and am aware that a letter will be issued advising if a loan has been approved. Work performed prior to receiving the loan authorization letter is not eligible under the program.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____

District Review and Approval

Authorized District Signature: _____ Date: _____

Title: _____