



OJAI VALLEY SANITARY DISTRICT

A Public Agency

www.ojaisan.org

1072 Tico Road, Ojai, California 93023

(805) 646-5548 • FAX (805) 640-0842

APPLICATION FOR SEWER LATERAL INSPECTION PERMIT

Date: _____

Assessor's Parcel No. _____

Property Address: _____

Inspection Requested By: Name: _____
Buyer/Owner/Representative/Other

Contact Person: _____
Realtor/Owner/Representative/Other

Phone: _____ email: _____

Contractor/Plumber Information:

Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

THIS APPLICATION IS FOR THE FOLLOWING

- Change of Ownership Change of Property Use Remodel of \$25K or Greater
- District identified Problem Sanitary Sewer Overflow General Inspection
- Rehabilitation/Replacement of Sewer Lateral Other _____

Property Owner/Contractor/Plumber Signature: _____ **Date:** _____

Property Owner: _____

District's Approval to Obtain Permit & Schedule Inspection:

District Inspector's Signature **Date:** _____

When approved, a permit to perform the Sewer Lateral Inspection will be issued to the owner/contractor. The contractor performing the inspection shall coordinate the inspection date & time with the District's inspector.