

For Office Use Only
Application Number: _____

**APPLICATION FOR SEWER LATERAL/CLEANOUT COMPLIANCE
CERTIFICATE
(PLEASE PRINT)**

Property Address:	Date:
	Parcel Number:


PROPERTY OWNER INFORMATION:

Name:		Email:	
Mailing Address:	City:	State/Zip	Phone:
THIS APPLICATION IS REQUIRED DUE TO: Transfer of Ownership <input type="checkbox"/> Property Remodel <input type="checkbox"/> City Request <input type="checkbox"/> Sewer Lateral Repair/Replacement <input type="checkbox"/> Additional Fixtures <input type="checkbox"/>			
Contractor Information:			
Notes or Comments:			

**INDICATE IN THE SECTION BELOW WHO SHOULD RECEIVE THE ORIGINAL CERTIFICATE DOCUMENT
(PLEASE DO NOT LEAVE THIS SECTION BLANK)**

Name of Recipient:		Mail the Certificate ?	
		Or Contact for Pick Up ?	
Company:		Email:	
Address:	City:	State/Zip	Phone:

To the best of my knowledge, the information submitted herewith complies with a requirements set forth by the City of Arcata Municipal Code Article VIII. Title VII, Public Works, Chapter 2: Sewers, Article V. 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
	

Please bring in or mail the completed application and application fees to the City of Arcata Building & Engineering Dept., 736 F Street, Arcata, CA 95521. Upon completion of a pressure test, the applicant will receive either a compliance certificate or a Deficiency Notice.