



2023/24

LRGP Application #: 2324 - _____

**CASTRO VALLEY SANITARY DISTRICT (CVSan)
Lateral Replacement Grant Program (LRGP) Application**

SECTION I. General Information *Please print clearly.*

1. **Property Owner Name(s)*:** _____
**If approved for the LRGP, the reimbursement check will be made payable to the name(s) listed here.*

2. **Grant Address:** _____
House No. and Street Name City State Zip

3. **Property Owner Address:** _____
(if different from above) House No. and Street Name City State Zip

4. **Property Owner Contact Info:** _____
Email Address

_____ Home Phone _____ Work Phone _____ Cell Phone

5. **In the last six months or in the coming six months, have you or do you:**
 Purchased this property Plan to sell this property

6. **How did you hear about our program?**
 Contractor Neighbor/Friend Forum Ad Other: _____

7. **If approved for the LRGP, how would you like to receive your reimbursement check?**
 Mailed Picked up by you at CVSan's office at 21040 Marshall Street

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 grant has been approved by CVSan. I have read the brochure discussing the requirements for the LRGP and am aware that a letter will be issued advising if funds have been granted. **Any repair work performed prior to receiving a letter of obligation from CVSan is performed at my own risk and cost, and makes this application null and void. I understand not all applications will be granted. I understand all applications are subject to a Condition Rating approved by CVSan.**

Signature: _____ **Date:** _____

SECTION II: Site Information

1. State the nature of problem(s):
 Tree Roots Collapsed Pipe Fats, Oils, and Grease Build-up Unknown
 Other: _____

How many times have problems occurred in the last 12 months? _____

2. Is there an insurance claim for this work? Yes *(Please provide a copy of claim information.)* No

Notes:

- 1. All Recorded Video Inspections must be observed by CVSan personnel.
- 2. Grant funds will not be obligated until after the inspection and price quotations have been submitted.

SECTION III: Video Inspection Information and Price Quotations

Please obtain and submit a minimum of three price quotations from contractors listed on CVSan's 2023/24 Qualified Contractors List to CVSan for review. Additional price quotations may be submitted on a separate page.

Video Inspection Appointment (to be scheduled on or after August 16, 2023):

Day: _____ Date: _____ Time: _____

1. Contractor Name: _____ Quotation: \$ _____

Wye / Tap: \$ _____

CVSan Permit(s): \$ _____

Other Permit(s): \$ _____

Total: \$ _____

2. Contractor Name: _____ Quotation: \$ _____

Wye / Tap: \$ _____

CVSan Permit(s): \$ _____

Other Permit(s): \$ _____

Total: \$ _____

3. Contractor Name: _____ Quotation: \$ _____

Wye / Tap: \$ _____

CVSan Permit(s): \$ _____

Other Permit(s): \$ _____

Total: \$ _____

Please be advised:

CVSan will review price quotations for reasonableness of scope and cost. CVSan will use historical cost data to determine the reasonableness of a price quotation. Additional estimates may be requested by CVSan. **Please submit your completed application to CVSan via email at LRGP@cvsan.org on or after August 14, 2023 at 7:30 a.m. Applications submitted before August 14, 2023 at 7:30 a.m. will not be considered valid.**