



2019/20

LRGP Application #: 1920-_____

**CASTRO VALLEY SANITARY DISTRICT
Lateral Replacement Grant Program Application**

SECTION I. General Information *Please print clearly.*

1. **Property Owner Name(s):** _____

2. **Grant Address:**
Street _____ City _____ State _____ Zip _____

3. **Property Owner Address:** _____
(if different from above) Street _____ City _____ State _____ Zip _____

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

_____ Home Phone _____ Work Phone _____ Cell Phone _____

5. **Property Owner Preferred Method of Contact:**
 Email Address Home Phone Work Phone Cell Phone

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

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 Castro Valley Sanitary District (CVSan). I have read the brochure discussing the requirements for the Lateral Replacement Grant Program 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

3. Is the property in CVSan's boundaries? Yes 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 a minimum of three (3) price quotations from contractors listed on CVSan's 2019/20 Qualified Contractors List and submit copies to CVSan for review.

Video Inspection Appointment (to be scheduled on or after August 19, 2019):

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 Castro Valley Sanitary District, 21040 Marshall Street, Castro Valley, CA 94546.**