



2018/19

LRGP #1819-_____

CASTRO VALLEY SANITARY DISTRICT
Lateral Replacement Grant Program Application

SECTION I. General Information Please print clearly.

1. Property Owner Name: _____

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. 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 has this 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 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.

Castro Valley Sanitary District, 21040 Marshall Street, Castro Valley, CA 94546
Phone: (510) 606-1300 / Fax: (510) 537-1312 / Website: www.cvsan.org/grants
"Like" us on Facebook at www.facebook.com/cvsan and follow @CVSan on Twitter

SECTION III: Video Inspection Information and Price Quotations

Please supply and submit at least three (3) price quotations from contractors listed on the **CVSan Qualified Contractors List** and submit to CVSan for review.

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: \$ _____

4. 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.**