COUNTY OF SAN MATEO
DEPARTMENT OF PUBLIC WORKS

555 County Center, 5th Floor
Redwood City, CA 94063
(650) 363-4100
https://www.smcgov.org/publicworks/sewer-services

SIP NO. _____

CMMS NO. _____

BLDG/PLN PERMIT NO. _____

DPW PERMIT NO. _____

SEWER INSPECTION PERMIT (SIP)

This permit is valid for one (1) year from the date issued. A fee is required to renew the permit.

PROPERTY DESCRIPTION	TYPE OF WORK TO BE DONE
Street Address	**Permit to:** (☐) Install Property Line Cleanout (☐) Install New Lateral (☐) Replace Existing Lateral (open cut) (☐) Replace Existing Lateral (trenchless) *(Trenchless replacement is subject to CCTV review and approval and applicable minimum cover requirements)* (☐) Cap Lateral *(required prior to building demolition)* (☐) Other _____
City/Unincorporated Area	
Assessor's Parcel Number	
County Sewer District *(Use the County-Maintained Sewer Districts Map on our website to verify)*	**Type of Property:** (☐) Residential (☐) Commercial (☐) Other _____

OWNER	CONTRACTOR
Name _____	Name _____
Address _____	Contractor License No. _____
City _____	Address _____
Phone # _____	City _____
E-mail _____	Phone # _____
	E-mail _____

Attention is directed to the applicable San Mateo County Sanitary Sewer Standard Provisions, Standard Details, Sewer Inspection Guidelines, and approved project plans and permit requirements. Current documents are available on the County website.

THE PERMITTEE SHALL PROVIDE THE COUNTY SEWER DISTRICT A MINIMUM OF TWO (2) WORKING DAYS' NOTICE FOR INSPECTION. PLEASE SCHEDULE YOUR INSPECTION VIA: https://bit.ly/SIPScheduler **OR QR CODE:**
SIP AND STANDARD PROVISIONS AND DETAILS MUST BE ON-SITE DURING INSPECTION.

IMPORTANT — DO NOT SUBMIT PAYMENT WITH THIS APPLICATION
Submit the completed application to the County for review. County staff will verify that the property is within a County-maintained sewer district, confirm that a Sewer Inspection Permit is required, and provide the applicable fees and payment instructions. **Please do not make payment until you receive confirmation from County staff.**

Fee Collected: $_____ (☐) Electronic Payment (☐) Check Payable to "County of San Mateo"

Applicant/Contractor:_____ **SIP Issued By:**_____

Signature Date Signature Date

1. *By signing the above, the contractor hereby certifies that they are licensed, and the license is in full force and effect (see B&P Code §7031.5). The contractor is responsible for providing a copy of this SIP to the property owner.*
2. *The contractor and property owner are responsible to comply with all the requirements of this SIP.*

FOR SEWER DISTRICT STAFF USE ONLY

The following information is required prior to SIP signoff. Inspector to check with office before signoff.
(☐) CCTV of Mainline from Manhole to Manhole (☐) Recorded Covenant (☐) Commercial Water Account (☐) As-Built Plans (☐) SSC Payment

Backflow Prevention Device Recommended: (☐) Yes → notify property owner (☐) No

Lateral / Cleanout Material at Final Inspection: (☐) PVC (☐) HDPE (☐) DIP (☐) VCP (☐) Other _____

Indicate all changes that differ from above "Type of Work to be Done": _____

_____

SIP Closed Out By: _____
Signature Date

(Revised: 09/4/2026)