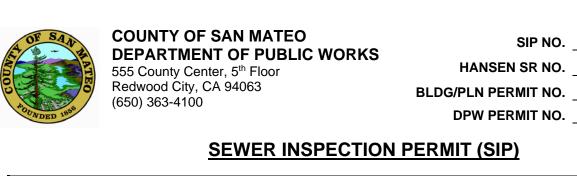


HANSEN SR NO. BLDG/PLN PERMIT NO. BLD2016-00164 DPW PERMIT NO.

Assessor's Parcel Number 041-101-390 Sewer District CSCSD Name Address City Phone # Attention is directed to San Mateo County Standard Details. The following documents have been given to the applicant. (X) Sewer Cleanout Detail (X) Sewer Inspection Guideline and Sequence (Y) Other Attention. PLEASE CALL (650) 599-1403 TO SCHEDULE A SIP INSPECTION. WITH FRIDAYS, SATURDAYS, SUNDAYS, NAID HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-SITE DURING INSPECTION. SIP FEE: \$300.00 (Cash or Check Payable to "County of San Mateo" only) AMOUNT PAID: \$ Signature 1. By signing the above, the contractor hereby certifies that he or she is licensed and the license is in full force and effect (see B&P Code \$7031.51. The contractor is responsible for providing a copy of this SiP to the property owner. 2. The contractor is responsible for providing a copy of this SiP to the property owner. 2. The contractor is responsible for providing a copy of this SiP to the property owner. 3. SSC Payment Sackflow Prevention Device Recommended: () Yes → notify property owner () No Lateral / Cleanout Material at Final Inspection: () PVC () HDPE () DIP () VCP () Other	<u></u>		
City or County Area San Mateo Assessor's Parcel Number O41-101-390 Sewer District CSCSD Sewer District CSCSD Type of Property: (x) Residential () Commercial () Other Type of Property: (x) Residential () Commercial () Other CSCSD Name Address City Phone # Address City Phone # Attention is directed to San Mateo County Standard Details. The following documents have been given to the applicant. (x) Sewer Cleanout Detail (x) Sewer Lateral Detail (x) Sewer Inspection Guideline and Sequence () Other THE PERMITTEE SHALL GIVE THE COUNTY SEWER DISTRICT AT LEAST ONE (1) WORKING DAY NOTICE FOR NSPECTION. PLEASE CALL (650) 699-1403 TO SCHEDULE A SIP INSPECTION. WITH FRIDAYS, SATURDAYS, SUNDAYS, NAID HOLDAYS EXCLUDED. By PAN DETAILS MUST BE ON-SITE DURING INSPECTION. Sip FEE: \$300.00 (Cash or Check Payable to "County of San Mateo" only) AMOUNT PAID: \$ Signature Date Signature Date 1. By signing the above, the contractor hereby certifies that he or she is 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 is responsible for providing a copy of this SiP to the property owner. 2. The contractor is responsible for providing a copy of this SiP to the property owner. 2. The contractor is responsible for providing a copy of this SiP to the property owner. 3. SIC PEWER DISTRICT STAFF USE ONLY The following information is required prior to SIP signoff. Inspector to check with office before signoff. 3. CCTV of Mainline from Manhole () Recorded Covenant () Commercial Water Account () As-Built Plans 3. SSC Payment Laceral / Cleanout Material at Final Inspection: () PVC () HDPE () DIP () VCP () Other			
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Sewer District Type of Property: (x) Residential () Commercial			
Name		() Other	
Name		Type of Property: (x) Residential () Commercial	
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Signature

Date



HANSEN SR NO. BLDG/PLN PERMIT NO. BLD2016-00163 DPW PERMIT NO.

DEPARTMENT OF PUBLIC WORKS 555 County Center, 5 th Floor Redwood City, CA 94063 (650) 363-4100	BLDG/PLN PERMIT NO. BLD2016-00163 DPW PERMIT NO.
SEWER INSPECTION	ON PERMIT (SIP)
PROPERTY DESCRIPTION Street Address 2135 Ticonderoga Dr (Highland Estates Lot 6) City or County Area San Mateo Assessor's Parcel Number 041-101-400 Sewer District CSCSD	TYPE OF WORK TO BE DONE Permit to: (X) Install Property Line Cleanout () Cap Lateral (X) Install New Lateral (open cut) trenchless) Ductile iron pipe to be used if lateral has less than 3' cover to top of pipe. Trenchless is only allowed after lateral CCTV approval and lateral has a min. of 3' cover to top of pipe. () Repair Existing Lateral () Other Type of Property: (X) Residential () Commercial () Other
NameAddress CityPhone #	Name Contractor License No Address City Phone #
	The following documents have been given to the applicant. etail (X) Sanitary Sewer Inspection Checklist
(X) Sewer Cleanout Detail (X) Sewer Lateral Detail (X) Sewer Inspection Guideline and Sequence () OF THE PERMITTEE SHALL GIVE THE COUNTY SEWER DISTRICT ISPECTION. PLEASE CALL (650) 599-1403 TO SCHEDULE A SEND HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-SEND PROBLEM OF THE COUNTY SEWER DISTRICT ISPECTION. PLEASE CALL (650) 599-1403 TO SCHEDULE A SEND HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-SEND SEND FEE: \$300.00 (Cash or Check Payable to "County AMOUNT PAID: \$	etail (X) Sanitary Sewer Inspection Checklist Other AT LEAST ONE (1) WORKING DAY NOTICE FOR SIP INSPECTION, WITH FRIDAYS, SATURDAYS, SUNDAYS, SITE DURING INSPECTION. quired to renew the permit. unty of San Mateo" only) n () Personal Check () Business Check
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Date

It is the permittee's obligation and responsibility to ensure that all work associated with this Permit complies with all current Orders of the Health Officer of the County of San Mateo related to the

Signature



SIP NO. HANSEN SR NO. BLDG/PLN PERMIT NO. BLD2016-00162 DPW PERMIT NO.

DEPARTMENT OF PUBLIC WORKS 555 County Center, 5 th Floor Redwood City, CA 94063 (650) 363-4100	SIP NO. HANSEN SR NO. BLDG/PLN PERMIT NO. DPW PERMIT NO.
SEWER INSPECTION	ON PERMIT (SIP)
PROPERTY DESCRIPTION	TYPE OF WORK TO BE DONE
Street Address 2139 Ticonderoga Dr (Highland Estates Lot 7) City or County Area San Mateo	Permit to: (X) Install Property Line Cleanout () Cap Lateral (X) Install New Lateral (open cut) trenchless) Ductile iron pipe to be used if lateral has less than 3' cover to top of pipe. Trenchless is only allowed after lateral CCTV
Assessor's Parcel Number 041-101-400	approval and lateral has a min. of 3' cover to top of pipe. () Repair Existing Lateral () Other
Sewer District CSCSD	Type of Property: (x) Residential () Commercial () Other
NameAddress City Phone #	Name Contractor License No Address City Phone #
ttention is directed to San Mateo County Standard Details. T (X) Sewer Cleanout Detail (X) Sewer Lateral Details (X) Sewer Inspection Guideline and Sequence () CHE PERMITTEE SHALL GIVE THE COUNTY SEWER DISTRICT ISPECTION. PLEASE CALL (650) 599-1403 TO SCHEDULE AS NO HOLIDAYS EXCLUDED. SIP AND DETAILS MUST BE ON-Shis permit is valid for one (1) year from the date issued. A fee is reconstructed in the state of the standard of t	etail (X) Sanitary Sewer Inspection Checklist Other AT LEAST ONE (1) WORKING DAY NOTICE FOR SIP INSPECTION, WITH FRIDAYS, SATURDAYS, SUNDAYS, SITE DURING INSPECTION. SILICATION OF THE PRINCIPLE OF THE PRINCIPL
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Date

It is the permittee's obligation and responsibility to ensure that all work associated with this Permit complies with all current Orders of the Health Officer of the County of San Mateo related to the

Signature



HANSEN SR NO. BLDG/PLN PERMIT NO. BLD2016-00161 DPW PERMIT NO.

Assessor's Parcel Number 041-101-400 Sewer District CSCSD Name Address City Phone # Attention is directed to San Mateo County Standard Details. The following documents have been given to the applicant. (X) Sewer Cleanout Detail (X) Sewer Lateral Detail (X) Sewer Inspection Guideline and Sequence (Y) Other AND HOLIDAYS EXCLUBED. SIP AND DETAILS MUST BE ON-SITE DURING INSPECTION. This permit is valid for one (1) year from the date issued. A fee is required to renew the permit. SIP FEE: \$300.00 (Cash or Check Payable to "County of San Mateo" only) AMOUNT PAID: \$ Signature Date 1. By signing the above, the contractor hereby certifies that he or she is licensed and the license is in full force and effect (see B&P Code \$7031.51. The contractor is responsible to comply with all the requirements of this SIP. FOR SEWER DISTRICT STAFF USE OLIVIA SIGNATURE ONLY The following information is required prior to SIP signoff. Inspector to check with office before signoff. OCTIV of Mainline from Manhole to Manhole () PRES notify property owner () No Lateral / Cleanout Material at Final Inspection: () PVC () HDPE () DIP () VCP () Other	<u></u>		
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Sewer District Type of Property: (x) Residential () Commercial			
Name		() Other	
Name		Type of Property: (x) Residential () Commercial	
Name	CSCSD		
Address City			
Phone #		I O	
Phone #	型 Address	Contractor License No.	
Phone #	8	Address	
Phone #		City	
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	SIP Approved By:		

Signature

Date