



**CITY OF WILLITS**  
111 EAST COMMERCIAL ST, WILLITS, CA 95490 Phone (707) 459-7129  
Fax (707) 459-2481

**APPLICATION FOR SEWER LATERAL INSPECTION**

DATE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ PARCEL # \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY ST ZIP

DAYTIME TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_ PRE-PAYMENT FEE: **\$50.00**

PLEASE CHECK APPROPRIATE BOX: PAYABLE TO: City Of Willits (before testing)

- CHANGE / TRANSFER OF OWNERSHIP
- REPAIR & REPLACE OF PRIVATE SIDE SEWER LATERAL TO CITY'S SYSTEM
- NEW SERVICE CONNECTION
- OTHER (i.e. remodel, sanitary overflow, etc.) \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**I declare under penalty of perjury that all information submitted herein applies to the subject address an no other properties.**

CONTACT(S): CONTRACTOR / PLUMBER

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
TELEPHONE

**Please Check the Appropriate Boxes**

- Camera Video inspection and exfiltration testing from outside contractor of the sewer lateral confirms that the sewer lateral is in compliance with City of Willits Ordinance No. 13.17. Please submit the Camera Lateral Report within 7 days of filing.
- The sewer lateral has been replaced or repaired and the plumbing permit has received final approval and acceptance.
- The sewer lateral is exempt from the testing and inspection requirements of City of Willits Ordinance No. 13.17 for the property owner has provided satisfactory evidence that the sewer lateral was repaired or replaced and passed inspection.

Date of Camera Inspection: \_\_\_\_\_

Lateral Depth: \_\_\_\_\_(ft.)

Total Lateral Length: \_\_\_\_\_(ft.)

Pipe Dia. \_\_\_\_\_(in.)

Pipe Material: \_\_\_\_\_

TV Direction: \_\_\_Downstream \_\_\_Upstream

Condition of Lateral: \_\_\_\_\_

Location Lateral Accessed: \_\_\_\_\_

Name (print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**CITY USE ONLY-TYPE(S) OF INSPECTION**

CAMERA & EXFILTRATION

SMOKE TESTING

OTHER (i.e. remodel, sanitary overflow, etc.) \_\_\_\_\_

**CITY OF WILLITS STAFF REVIEW OF CAMERA RECORDING:**

BY \_\_\_\_\_

DATE \_\_\_\_\_

**CITY DECISION:**

\_\_\_\_\_**NOT APPROVED COMMENTS/CHANGES NECESSARY TO BRING INTO COMPLIANCE**

\_\_\_\_\_  
\_\_\_\_\_

SITE REVISITED BY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_**APPROVED CERTIFICATE OF COMPLIANCE IN ACCORDANCE WITH CITY OF WILLITS ORDINANCE NO. 13.17 TO PROVIDE FOR SIDE SEWER TESTING, SEWER CLEANOUT INSTALLATION, AND SEWER BACKFLOW PREVENTION VALVE INSTALLATION.**

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_