



**GOLETA
WEST**
SANITARY DISTRICT

Your environmental partner since 1954

APPLICATION FOR SEWER SERVICE

P.O. Box 4, Goleta, CA 93116-0004 | plancheck@goletawest.org | (805) 968-2617

Date:	
Property Address:	
APN:	
Upstream Manhole: (to be completed by GWSD Inspector)	
Name of Business: (if applicable)	
Property Owner Name:	
Property Owner Phone:	
Property Owner Email:	
Agent/Applicant Name: (if different from owner)	
Agent/Applicant Phone:	
Agent/Applicant Email:	
Name of Contractor:	
Contractor Phone:	
Type of Project:	<input type="checkbox"/> Lateral Replacement <input type="checkbox"/> Building Construction (select from the following): <ul style="list-style-type: none"> <input type="radio"/> Single Family Residential <input type="radio"/> Multi-Family Residential <input type="radio"/> Commercial/Industrial <input type="radio"/> Accessory Dwelling Unit (ADU) <input type="checkbox"/> Tenant Improvement/Remodel <input type="checkbox"/> Mainline Construction <input type="checkbox"/> Grease Removal Device <input type="checkbox"/> Other (please specify): <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>



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Description of Project:

Fee Schedule

Refer to Ordinance 23-97 for the most up-to-date information regarding fees and charges. Ordinance 23-97 can be found at: <https://goletawest.org/customer-information/ordinances>.

Plans

Please attach plans and provide plan/revision date: _____

PDF copies can be emailed to plancheck@goletawest.org. Or, hard copies can be attached to this application.

CERTIFICATION: I hereby certify that I have read this application, it is correct, and I agree to comply with all ordinances, rules, and regulations of the Goleta West Sanitary District, applicable County or City of Goleta ordinances, and the laws of the State of California regulating sewers and sanitation. I agree to comply with the plans and specifications filed with this application, together with such corrections or modifications as may be made or permitted by the District, if any. I hereby certify that I am a licensed contractor, authorized agent, or legal owner of the described property.

Signature: _____

Print Name: _____

Date: _____

NOTICE: If work under a permit is not commenced within six (6) months from the date of issuance, or, if after partial completion, the work is discontinued for a period of one (1) year, the permit shall become void and no further work shall be done until a new permit is issued.

24-HOUR ADVANCE NOTICE IS REQUIRED FOR ALL OFFICE APPOINTMENTS AND INSPECTIONS



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FOR INTERNAL USE ONLY

Permit Processing Fee:	
Capacity Charge Fee:	
Frontage Fee:	
Inspection Fee:	
Plan Check Fee:	
Annexation Fee:	
Other Fee:	
Total Fees:	
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check ▪ Check Number: _____
Receipt Number:	
Payment Received By:	
Date:	

Plan Check / Fee Estimate Prepared by: _____

Plan Check / Fee Estimate Date: _____

Permit Number: _____

Date of Issuance: _____