



CITY OF SAUSALITO

Department of Public Works
420 Litho Street
Sausalito, California 94965
Telephone: 415-289-4106
Email: mlockett@sausalito.gov
WWW.SAUSALITO.GOV

Sewer Lateral Video Inspection Application – Required Information

- If there is a Sewer Ejection System or a Grease Interceptor on the property, an onsite inspection is mandatory prior to the Sewer Lateral Video Inspection Submittal.
- A review fee is required with the application: \$100 for review of attached completed video inspection; \$435 to request a video inspection to be ordered & reviewed by the City. To submit a sewer video inspection for review, complete the application and email it to mlockett@sausalito.gov, and upload the video inspection with report & diagram showing the location of sewer system including depths/dimensions on the property to our Sharepoint account (link on website, see below). When submittal is processed, we will email the applicant an invoice for payment of the review fee. Hard copies of submittals are also accepted during our counter hours Tuesday & Wednesday from 9am-12pm, or by mail to: City of Sausalito, Attn: Megan Lockett, 420 Litho Street, Sausalito, CA 94965. Link to website with full instructions & submittal portal: <https://www.sausalito.gov/departments/public-works/sewer-division/sewer-lateral-inspection>.
- Please note that the minimum turnaround time for review is two weeks from the date the City receives a complete sewer video submittal

Please check the following:

Sewer Ejection System: Yes No Gravity Grease Interceptor: Yes No

Food Service Establishment: Yes No

*Denotes Mandatory Fields

Owner Information

Property Sale Repair Construction Project

* Project Address: _____ * APN: _____

* Owner Name: _____

* Owner Address: _____

* Address/City/State/Zip

* Owner Email: _____

* Owner Phone No.

Submittee Information

* Full Name: _____

* First

* Last

M.I.

* Information: _____

* Phone No.

* Email

Sewer Video Company Information

Company Name: _____

Information: _____

Phone No.

Email

Additional Information

If sewer lateral inspection responses need to be sent to additional people or companies, please include: name(s), mailing address (es), phone number(s), and email address (es).

Applicant Signature and Date

** Applicant Signature*

** Date*

For Office Use

Amount Paid

** Receipt No.*

** Date*

Accepted By